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ORIGINAL ARTICLES.

DRUG PICTURES.

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AGARICUS MUSCARIUS (AGA.).

AGARICINUM (AGCN.).

($C_{24}H_{40}O_7$, $1\frac{1}{2}H_2O$. Solution. Used by T. F. Allen, M. D., alternately with Aga. in cataract cases.

CLINICAL.—Alcohol, effects of. Angina pectoris. Asthma. Cataract. Coffee effects of. Fistula in ano. Gleet. Goitre. Hæmorrhoids. Head symptoms in tea- and coffee-drinkers, and in smokers. Headache. Herpes. Impotence. In-growing toe-nail. Jaundice. Nose, red, of drunkards. Phosphaturia. Salivary glands, affections of. Sebaceous tumors. Talking late. Tobacco-heart. Tuberculosis. Walking late. Whooping-cough. Writer's cramp.

CHARACTERISTICS.—The Bug-agaric, says Hahnemann, "is surmounted with a scarlet colored top with white excrescences and white leaflets." Hering (who names this fungus *Amanita* on the ground that "agaricus" is too vague) says that it is one of the most poisonous of known fungi. Asiatic savages made from it an intoxicating drink, the effects of which travellers have described. It was first proved by Schreter and E. Stapf. This proving was published by Stapf in 1828. Hahnemann's and his students' proving was published in Stapf's *Archives* in 1830, with some toxic symptoms. "In 1831," says Hering, "the best proving of all, that of Apelt, was published in connection with many reliable provings on the sick and some valuable cured symptoms." Hahnemann includes *Aga.* in the second edition of his *Chronic Diseases* as one of the antipsorics. Hering says of *Aga.* that it has "suffered an over-proving" similar to what *Thuja* and *Lycopod.* had to undergo. A study of the enormous number of symptoms of the pathogenesis lends support to this. Hahnemann says he has often found it necessary to abbreviate long-winded accounts without making any essential alterations. The fact is, the symptoms of *Agar.* are often complex, the symptoms occurring in association with others elsewhere, or moving from place to place, which makes it difficult for them to be described concisely. The appearance of an intensely itching eruption of pimples the size of a millet seed and thickly set together in a number of provers marked *Aga.* as belonging to the antipsoric group, and its power over such chronic affections as chorea and chilblains proves its right to the title. But those who only know *Aga.* as a remedy in these two complaints cannot be said to know it at all. The bones and joints are particularly affected by *Aga.* Apelt found it serviceable in pains in the upper jaw-bone and the teeth; also in pains of the bones of the lower extremities (as well as in the marrow). The most characteristic of the symptoms of *Aga.* is the "twitches" it caused, and the pains are frequently of the same sudden nature, including shocks, blows, throbs, stitches, electric shocks, needle-pricks, splinter-like pains, pricks with ice-cold needles or points of ice. Contrarywise there are also many burning pains. But not only are there shocks and blows, but there are many *bruised* pains, such as blows might produce. The intolerable itching of *Aga.* affects especially the parts where hair grows, especially the pubic region. The pains fly about from place to place and make *Aga.* one of the remedies in cases of metastasis. There is "a strong pulsation of the heart, which is felt down to the coccyx." "Pain in bones of leg and forearm, alternating with similar pains in r. tibia." "Pains in r. knee and l. hand; pains in thigh about every third day." "Between dorsal and lumbar vertebræ, splinter-like sticking pain, followed in same spot by sensation as if spinal marrow was touched with an ice-cold object; a few minutes later the same sticking in cervical vertebræ." These are a few examples of the fugitiveness and suddenness of the *Aga.* action, which, at the same time, is profound. *Aga.* has marked action on bones and joints. The joints crack or creak. There is cracking of the joints of the vertebræ. There is also crepitation of the nose. The entire length of the spine is affected—bones, joints and spinal marrow. The extreme sensitiveness of the spine in *Aga.* marks it as a remedy in cases of spinal irritation. The back pains of *Aga.* are numerous and characteristic. Dr. Stonham has recorded a case which brings out some of them: A lady approaching the climacteric had *"sore, bruised* pain in sacrum, with desire to defecate (without defecation), > *lying down,* < *walking or standing.* With the pain in the back there was *"a nervous, restless feeling in the legs at night pre-*

venting sleep." Aga. 200 cured. The concomitant of back pain, "desire to defecate," may prove of importance if confirmed by other cases. A case of fever in a lady, 32, related by C. E. Alliaum brings out a number of *Aga.* features. The patient was a blonde, with fine silky hair, lax muscles, nervous temperament; she had a temperature of 101° F. and was extremely weak. Her flesh was sore, as if beaten; severe backache *with sensitiveness;* it seemed to burn like fire. Bursting, throbbing headache, < light, noise and motion. Pulse weak, soft, too frequent; bowels confined; no appetite. There was chill followed by high fever and profuse sweat in the evening. She was delirious then and *every muscle in the body twitched until she became exhausted.* Bell. 30 gave no relief. *Aga.* c.m. dissolved in water: a teaspoonful every two hours acted promptly. Chill and fever recurred next day and then disappeared for good (*N. A. J. H.,* July, 1908; quoted *J. B. H. S.,* Oct., 1908). The twitching in that case was the most important characteristic. In nervous persons who tremble and start on the slightest provocation *Aga.* gives the greatest help. An elderly lady, highly psoric, a patient of mine, describes these spasms as her "twitches" and always flies to *Aga.* for relief when they occur. Dr. G. W. Winterburn (*H. M.,* July, 1892) records a case of epilepsy cured with *Aga.* Miss M. L., dressmaker, 40, a refined, delicate woman, had her first fit 20 years before on the day she was to have been married. No bridegroom appeared and the shock occasioned the seizure. The second fit was on the anniversary of the first and from that time the intervals became shorter, till she had two of these fits daily during the last six months of the period. The fits were preceded by an *aura of fine prickling mostly in extremities,* which enabled her to reach her bed and lie down, and followed by a sleep of some minutes, after which she woke feeling better than before the fit. There were no fixed times, they occurred in sleep sometimes. The spasms lasted ten to fifteen seconds and were not severe. Before attack irritability; after, *great flow of ideas and loquacity;* other symptoms were dry throat; pain and stiffness in the limbs > after an attack; *tremor of hands. Aga.* 30 trit., gr. ii, every 4 hours, made an immediate diminution in the number of the attacks which still further decreased under continuance of the remedy. Soon after beginning the remedy a change occurred: the epileptic symptoms were replaced by somnambulistic ones. She would suddenly lose consciousness, but continued to do the thing she was engaged in and quite accurately. She would finish a letter she was writing and when she awoke she could only remember the part she had written up to the time the attack came on. If in the street when the attack came on, she immediately turned and walked home, but so naturally that no one discovered she was unconscious. Under *Aga.* these attacks finally ceased altogether. C. T. Allen (*H. R.,* March, 1913) has recorded the power of *Aga.* to clear up certain cataracts. In this he used sometimes the ordinary preparation of *Aga.,* at other times *Agaricin.* (1) A clergyman, 76, "a large, fleshy man, very kindly in disposition," was first seen by Allen in August, 1896, suffering from advanced cortical cataract. He had some history of an old eczema. After prolonged treatment with *Sul., Lyc.* and *Merc.,* there was no apparent improvement, but under *Calc.* for a year vision was improved. In June, 1899, he wrote this "he was dizzy when walking and there was *much itching of the skin as if he had frozen it." Agaricin* was given and rapid improvement followed and in two months the vision was to all intents normal. (2) Mrs. E., 66, had nuclear cataracts in both eyes, r. incipient (16/100), l. mature (1/100). She had many symptoms of *Sul., Pho., Pul., Caust., Calc., Sil.* and *Merc.,* which were given in 12x trit. ter die in the order named, each for a month. There was no obvious improvement, but there came on an *itching that was terrible*—itching of the eyelids; itching piles; itching of the vulva, which nearly made her demented. In addition, there was bloating after eating; deep cough with heavy expectoration, and a *swelling of one finger as if it had been frozen.* On Dec. 3, *Agaricin* 12x was given. On the 20th, vision was clearer, and patient felt better in every way. Under the remedy improvement continued in r. eye to 20/20, in the l. there was very little change. There was still some itching all over. In both these cases the itching and frost-bite symptoms were the keynotes. But I have seen definite good effect in one case of cataract from *Aga.* 30 in an elderly woman, fair, in whom the general *Aga.* symptoms were not marked. Kent indicates among the instances of *metastasis* indicating *Aga.:* "Cessation of milk followed by congestion of brain or spine." Epilepsy and other affections following checked eruptions also indicate *Aga.* The direction and extensions of symptoms are a marked feature with *Aga.:* "Drawing from both sides of frontal bone to root of nose." "Spasmodic drawing from pit of stomach into chest." "Pressive pain from l. hypochondrium to back." "Tension across loins into side of abdomen." "Stitches from within out through abdominal walls." "Shivers run from above downward." "As if cold water running down back." Some of the *localities* affected by *Aga.,* in addition to those already mentioned, are: Itching and eruption of the *navel;* sweat on *chest* and *inner surface of thighs;* cramp in *sole of foot;* pains in *supra-orbital ridges.* Among the *peculiar symptoms and sensations* of *Aga.* are: "As if neck muscles too short on bending forward." "Headache which obliges one to move the head to and fro, and causes one to close the eyes as for sleep." "As

if brain would be torn in pieces." "As though the frontal region were enlarged." "Horripilation at crown and sensation as if the skin were stretched." "Sensation in ears as if wax flowing out." "Ice-cold needles in every part." "Cracking or creaking in bones of nose." "As if a ball were forcing itself down the nasal canal." "Spasmodic drawing in l. groin when urinating." "Bursting sensation in rectum, *even after a stool.*" "Sensation of complete closure of anus." "Sensation of moisture in anus." "Heaviness in anus with inclination to draw anus upward." "As if a foreign body in fossa navicularis." "As if incandescent-steel pushed through urethra." "Night-sweats and lassitude after every embrace." "As if cavity of thorax filled with blood." "Sensation as of heart compressed." "As if cavity of thorax narrowed." "Chirping in back of neck as if a cricket in spinal canal." "Muscles of neck and back feel too short." "As if large splinters pushed into the back." "Painful throbbing in spinal canal." "As if cold air spreading over whole body from spine." "As if sacrum would burst." "Crackling in lumbar vertebræ on stooping." "As if a weight on sacrum." "On pressing to stool violent pain in sacrum extending to limbs." "As if her limbs did not belong to her." "Shoulder joint as if dislocated." "Rubs his hands together as if rolling something into a ball." "Dislocation pains as if heads of femurs being pulled from their sockets." "As if the heads of the femurs would be separated from their shafts." "*Coldness* of the glutei muscles." (There are many symptoms in the region of the nates.) "Quicksilver sensation in both buttocks at same time." "As if a plug in outer side of thigh." "As if r. leg pulled." "Feet as if plunged in snow." "As if whole body were shaken through." "Shock of whole r. side of body proceeding from spine." "As if the whole body were gradually diminishing." "Crawling in hairy portions of body." "Feeling in skin as if it were pasted on." "Legs feel as if fanned with a cool breeze." "Oily sweat." Some peculiarities of concomitants are: "Bitter vomit with stitches in rectum and loin followed by headache and inclination to sneeze." "Cough ends with repeated sneezings." "Burning pain in region of heart with hiccough." "Headache < by yawning and stretching." Yawning and stretching are particularly violent with *Aga.* and occur in spasms. "Headache > by stool; cough in isolated attacks; cough in shocks causing to double up; causing lachrymation" are noteworthy symptoms. The *modalities* of *Aga.* are varied and often contradictory. There is a restlessness camparable to that of Rhus with < by sitting; rising from a seat (anxiety in the chest); but there is also < by motion; by turning in bed; by stooping; by increased motion. There is great sensitiveness to open air, < walking in open air, > in a room (head symptoms). Strong sun-light = giddiness. Yawning and stretching < headache. Fainting, < after moving the head, hearing others talk, smelling aromatics or vinegar. There is also sensitiveness to noise; every slight noise = palpitation. Meat <; there is heartburn after any kind of meat. There is a cough which is < after sleep. Cough = waking; = sit up. Pain in vertebræ is < turning the body. Many symptoms of the back and limbs are < *sitting*. *Tearing in limbs* < *sitting*, > *moving*. Must change positions frequently to > pains. Legs heavy, < ascending. Scratching < skin affections. Yawning = giddiness; = involuntary laughter. Coitus < all symptoms, esp. those of the spine; = hysterical fainting in young married women. Mental symptoms are > in evening. Crossing the thighs or legs = a violent pain in them. Stitch in the side (splenic stitch) from running, < uncovering: skin affections; chilly on turning or raising bedclothes. Some peculiar *concomitants:* "Burning pain in region of heart with hiccough." Head symptoms with rectum symptoms. Back symptoms and rectum symptoms. "A feeling of tension externally in thyroid gland; neck distended; cravat feels too tight" point to goitre; and the violent palpitation of the remedy with throbbings in various parts give it a place in exophthalmic goitre. *Aga.* has either very fetid flatus or inodorous flatus. It has many paralytic sensations and symptoms; of rectum; of bladder; painful weakness of muscles of back; paralysis of the legs; knocking together of the knees; weak foot proceeding from sacrum.

RELATIONS.—"*Camphor* is the chief *antidote* against such affections consequent on the use of *Aga.* as have assumed a chronic character." (Hahnemann.) Aga. *antidotes* Tuberculinum. Kent started to prove Tub. on a man: the dose nearly proved fatal; the prover emaciated and looked like dying. Symptoms of Aga. appeared; this was given and cured. Under Aga. the man got fat. Hering pointed out the relationship of Aga. to the tubercular diathesis. *Antidoted* by alcoholic beverages (Zn. like Aga., has < wine; Gels. > a little wine). *Compare:* Apis in clumsiness; but Apis < heat, Aga. < cold. Morning diarrhœa, *Alo.* Fibrillary twitching, Nux. Na. m., late learning to talk; Calc., late learning to walk; (in Aga. the effect is mental). Acrid leucorrhœa, Fl. x. Fl. x. if does not attend to desire to urinate headache comes on; Aga., headache (after constipation) > by stool; Ag. n., after straining unsuccessfully, stool and urine pass involuntarily; (Aga. stool only). Puls and Sep. bearing down as if all would come out; Aga. also, esp. in slender, nervous, restless women. Sensation as if rectum would burst even after stool, Merc., Sul. Gleet, constant itching tingling in urethra, last drop will remain, Pet. < from coitus in married women, Stp.; (Stp.

more dysparunia). Ant. t., head falls back from weakness of muscles. Metastasis, Abro. Loquacity, Lach. Sensation in ear as if wax flowing out; (heat streaming from ears, Æth.). Vibration and convulsion of lower jaw, Ant. t., Gels. Green stools, Agn. n. Cold shrunken penis; impotence, Sul. Retraction of testes, Clem. Pain on beginning to move, disappearing on continued motion, Rhs. r. Bone pains, E. pf. Chilblains and frost-bite, Sec. (Sec. < heat; Aga. < cold.) Clumsiness, Apis. Itching of legs < undressing, Rx. c. Dislocation pains; electric shocks, Mgt. n. Jumping of limbs, Men. Drawing in tibia, Lach. Sprained pains, Rhs. Ingrowing toe nail, Mgt. n. Inner restlessness; must move from one place to another, Æs. Levitation, Pru. spi.

CAUSATION.—Checked eruption. Suppressed milk.

SYMPTOMS.

1. MIND.—Fury. Can hardly be restrained from ripping up his bowels as he fancied the mushroom had ordered him to do. Fearless, menacing, mischievous frenzy. Frenzy which impels to self-injury with great exertion of power. Screaming and raving about the room. Delirium; imagines himself a military officer commanding at a drill. Talks incoherently, passes rapidly from one subject to another. Ran about the yard, romped with the children, threw them down and even bit them. Imagines himself at the gate of hell, that the mushroom commands him to fall on his knees and confess his sins, which he does. Great loquacity, at the same time strong convulsions of facial and neck muscles, < r. side, drawing head down to r. shoulder. Merry incoherent talk. Exaggerate, take long steps or jumps over small obstacles; a small hole appears a frightful chasm; a sponge-full of water appears an immense lake. An impulse to laugh overcame him in bed owing to an indescribably mixed sensation of happiness and misery. Sadness, discouragement. Anxiety as though something unpleasant was going to happen. Irritable, peevish. Cross and irritable with vacancy (emptiness) of head. Aversion to all mental labor; if he undertakes any, there is rush of blood to head, throbbing in the uterus, and the thinking faculty is disturbed. Vexed with herself and pities herself. *Disinclination to speak.* She who is ordinarily so solicitous about everything is now quite indifferent. *Dull and stupid in morning, bright and loquacious in evening* (K.). Thoughtless staring; disinclined to think, sluggish and dull. Forgetful. No recollection of his previous sickness. Train of thought easily disturbed and the lost thoughts cannot be recalled.

2. HEAD. *Confusion and heaviness of the head.* Reeling when walking *in open air; stepping into a*—and to *close the eyes as for sleep;* > in room. Headache as if the brain would be torn to pieces. Tearing and pressure in l. half of brain. Twitching in skin of forehead above r. eye. Creaking of occiput toward l. < pressure on painful part. Mornings in bed, a pressive burrowing pain in r. half of occiput with accompanying splintering stitches in middle of r. cheek. Drawing pain in occiput, early when in bed as if from a wrong position; < yawning and stretching and holding in the breath. Weight on vertex with feeling of pressing together of brain. Headache of those subject to chorea; or who readily become delirious in fever, or with pain; twitches or grimaces. At noon confusion of head and slight cool horripilation on scalp of crown with feeling as if skin there were stretched more tightly. *Dull headache, esp. in forehead; must move head constantly to and fro and close eyes as for sleep. Pressure coming down from forehead on upper half of eyeballs. Drawing headache,* early on waking, with pressure on eyeballs. Tearing and pressing in entire l. circumference of brain. DRAWING PAIN FROM BOTH SIDES OF FRONTAL BONE TO ROOT OF NOSE; *with nose-bleed or thick mucous discharge.* Sensation in head as though frontal regions enlarged with pressive pain in both temples. Burrowig pain as if frontal brain was an anthill with fulness of head. Pressive pain in temporal bone and zygomata (esp. l.). Different kinds of *headache* in l. half of occipital bone *when seated. Head constantly falls backward as if a weight were attached to occiput.* Headache > by stool, in constipation. (K.). Bruised pain in back of neck and occiput. Itching of scalp; eczema with crusts. (K.). Pimples on hairy scalp.

3. EYES.—*Itching in eyebrows.* Falling off of hairs of eyebrows. *Itching pimples in and between eyebrows.* Eyes yellow. Heat in eyes. Itching and prickling of eyes. Narrowing of space between lids. Swelling of lachrymal glands. Phlyctenulæ and ulcers of cornea. (Cataract.) Eyes inflamed with flow of tears; from smells; from coughing. Yellow, brown or black spot before l. eye. After vomiting a feeling in l. eyeball as if enlarged. Dizzy vision, type seems to move. Burning and pressure in orbits. Burning and itching in eyes. Eyes hot. Painful stitching of eye on waking in morning. Cramp-like pain under r. eyebrow; makes opening of eyes difficult. Jerks and pressing pain in l. eyeball, at all times of the day, and under all conditions. Twitching of balls and lids; cannot fix eyes long on even distant objects; lids heavy. Inclined to shut eyes; sensitive to candle-light. The candle seems to burn more dimly. Pupils which were at first contracted became afterwards visible and persistently dilated.

4. EARS.—*Itching in and behind ears.* Stitches from fauces along r. eustachian tube; inside ears; in l. mastoid process. Creaking in both ears as from a wooden screw at each attempt to swallow. Ringing like distant kettle

beginning to boil. Peculiar bubbling sound in r. ear frequently repeated. Clucking in r. ear. Twitching of tensor tympani. Rushing in r. ear like jerking-sound of locomotive, > rising, returns when lying down. Illusion as though nail being driven into a board at a distance. Sensitive to noise: every slight noise = palpitation. Hearings too acute. < from hearing people talk. Deafness. Sensation in ears as if wax flowing out. Excessive secretion of wax.

5. NOSE.—A peculiar cracking in bony parts of nose as if the spongy bones of the nose were pressed against each other or rubbed. *Sensitiveness of smell;* vinegar intolerable. *On blowing nose blood comes out of it, early in morning, immediately after rising; this is followed by violent bleeding from nose.* Pressure at root of nose with sensation as if nose stopped up. Feeling of fulness in upper nasal passage with feeling as if a ball forcing itself down nasal canal. Nose-bleed of old people with relaxed state of blood-vessels.

6. FACE.—Puffy, pale face with livid circles round eyes. TWITCHING OF FACIAL MUSCLES. Flushes. Burning, itching, and redness of cheeks. Increased warmth, esp. near malar bones. Vibration and convulsions of lower jaw. Violent tearing in r. side of lower jaw. Pricking pain in jaw joint. Stitches in r. jaw; cheeks; from l. eye to upper jaw. Violent pain in l. jaw-joint on waking; can scarcely open his mouth.

7. TEETH.—Gnawing pain in upper molars alternating with itching in l. ear. After drinking cold water jerks in the lower teeth.

8. MOUTH.—Tongue. For some days skin of inner surface of lips is apt to come off in flakes; esp. when smoking. Tongue: Slimy; furred with viscid, tough mucus; papillæ at back very prominent. Lower surface of tongue, r., sore and burning in several spots; which looked shaggy. Dryness and contracted sensation in tongue, as after an astringent. Stinging in tongue as from strong tobacco. Seems to talk with difficulty. Disgusting taste on root of tongue; < after smoking tobacco; saliva pours into mouth. Taste: Flat; sweetish; bitter; resinous or gummy; offensive; clayey; salty; rancid. *Salivation.* Saliva acrid.

9. THROAT.—Induration of tonsils. Constriction of pharynx as from astringent. Dryness of pharynx. Burning in œsophagus to stomach as after eating cress. A scratching sensation in throat renewed at every attempt to sing.

10. APPETITE.—*After eating:* Heartburn. After prunes, pressure in throat; after a swallow of cold water, nausea. A swallow of water > vomiting of phlegm. *Daily, about 3 h. after a meal, burning at stomach, which changes to a dull pressure with nausea.* After smoking, feeling of inside of lips; saltish, bitter, exceedingly offensive taste; belching and hiccough alternating; sudden nausea and vomiting; attacks of violent cough.

11. STOMACH.—Hiccough alternating with belching. With hiccough, burning pains in region of heart. *Nausea:* With anxiety; depression; vertigo; sneezing; unpleasant sensation in stomach; stitches in liver; cutting in abdomen; rapid breathing; great weakness. Nausea in the chest. Bitter vomit, with stitches in rectum and loin, followed by headache and irritation to sneeze. *Sensitive to pressure in pit of stomach.* Spasmodic drawing from pit of stomach up into chest. Heavy sensation in stomach; faintness with an empty feeling, sometimes alternating with a jerking sensation as of some heavy object. Fulness and flatus after a meal. Heartburn after any kind of meal. *Nausea and vomiting.* Vomiting: bitter; spontaneous, of great quantity of spongy matter. Gurgling in stomach. Pressure and weight in stomach, at pyloric orifice. Trembling; emptiness; oppression at epigastrium. From 12-2 p. m. daily, cramp from middle of spine through into stomach; severe gagging and vomiting; legs feel as if pricked all over with ice-cold needles.

12. ABDOMEN. — Distention after dinner. Meteorism. Pinching and griping in navel. Great sense of twitching in abdomen. Twitchings in abdominal muscles. Undulating jumping of upper abdominal muscles. Stitches from within out through abdominal walls. Spleen pain < lying l. side, > lying r. side. *Discharge of much inodorous flatus* every day for weeks; < after breakfast. Weight below navel. Cutting in hypogastrium. Tension across loins into sides of abdomen where it was like a sprained pain in the abdominal muscles. Pressure as from a swelling in l. hypogastrium to back. Stitches in region of cæcum with sneezing. Dull stitches, very painful at superior anterior process of iliac bones. Tension as if wrenched in groins, < walking. Quivering in l. groin. Spasmodic drawing in l. groin when urinating. Urging in l. loin.

13. STOOL AND ANUS.—Morning diarrhœa with much hot flatus. During proving frequent passage of inodorous flatus after a distending pain in rectum. Sensations in anus: prickling; burning; itching; cutting. *Bursting sensation in rectum, even after stool.* (K.) Prickling in rectum as from worms. Burning and itching in anus as with tenesmus during stool. At noon, heat and itching in anus. Paralytic weakness of sphincter so that fæces can only be retained for moments with great effort. *Violent burning in hæmorrhoids;* which are much inflamed. After a copious stool, a discharge of several ounces of light-red blood from rectum. Pappy stool followed by (itching and) burning in rectum. Moisture and oozing out at anus. *Sensation of moisture in anus;* afterwards, crumbling stool. Stools thin; yellow, fæces slimy. Dark green,

soft, liquid stools. Knotty stools; at night; after violent colic; followed by violent tenesmus. Easy and copious stool, shortly afterwards a feeling of *heaviness in anus with inclination to draw anus upward. Looseness commencing in morning immediately after rising, returning after last meal with much rumbling, passing wind and spasmodic bellyache; crampy colic.* Three diarrhœic stools during day with swelling of hæmorrhoids and excessive bearing down of intestines into inguinal canal and pelvic cavity. *Diarrhœa with violent pinching in the body early in morning. Diarrhœa with large quantities of wind. During stool:* Sweat; pain in loins to legs continuing after stool. *After stool:* Headache >; biting in anus; straining in rectum; griping in hypogastrium; distention of abdomen; heaviness in abdomen and round navel; pain in chest. Stitches; heaviness; fulness. Much passage of flatus; sensation in anus of painful rumbling wind in abdomen, with inclination to stool, accompanied by *sensation of complete closure of anus.* Tenesmus; before stool. Tenesmus after stool. (K.) After straining had been given up as unsuccessful would pass stool involuntarily. Pain in sacrum with desire to defecate (Stonham). Tingling up and down the back with morning diarrhœa. (K.)

14. Urinary Organs.—Pressing pain in region of kidneys disturbing sleep. Stitch in r. kidney. Lameness in l. kidney, sore to touch, with cramp extending into thighs. Twitching pain in bladder. Tickling in fossa navicularis as if a small body were in it. Burning stitch in urethra; as if an incandescent steel were pushed through it. Prickly stitch in orifice of urethra; in fossa navicularis. Stitches in urethra. Burning while urinating. Crawling itching in glans. (During micturition) *sensation in urethra as if a drop of cold urine passed through it.* Urine passes slowly in a small stream or in drops, has to press to promote the flow. Frequent desire. Quantity of urine very much increased, even with diarrhœa. Urine flows and stops. *Urine passes at intervals and dribbles away, with a cold, shrivelled penis.* Wakes in night with urgent desire. *Paralytic weakness of sphincter so that urine could only be retained for a moment;* red or white sediment. Phosphatic urine. (K.) Tridescent pellicle on surface.

15. Male Sexual Organs.—Itching of genitals; of margin of prepuce obliging to rub. Transient voluptuous itching of penis. Skin swells and turns red in l. side of scrotum, itches and twinges; swelling disappears again after two days. *Excessive retraction of testicles towards inguinal ring,* so painful it was necessary to push them out again. Drawing in testicles with sense of uneasiness, awkwardness and sleepiness, in evening. Spasmodic drawing in l. testicle and spermatic cord. *Frequent erections,* also at night. Mornings, excessive desire. A nap after dinner is succeeded by an unbounded desire in sexual organ for an emission of semen; after the emission there is a pressive tension below the ribs, without any symptoms of flatulence. *Great desire for an embrace, the penis being relaxed.* In evening, when desirous of an embrace, he tried in vain to have an erection; he was therefore obliged to desist; in the ensuing night had several copious involuntary emissions of semen. In spite of strong excitement, there is no pleasurable sensation in an embrace. During an embrace, copious effusions of semen followed by a very long sleep. Tardy effusion during an embrace. Insufficient effusion during embrace, followed by great weariness. After every embrace great weariness lasting several days. After an embrace much exhausted. Burning itching on skin and copious night sweats for two nights; the sweat appearing first on upper part of chest and shoulder and then on abdomen and anus. Sexual desire diminished. Noticeable sexual apathy. Sexual power almost extinguished. Nightly pollutions; without any lascivious dreams. Old gleety discharge with continued itching and tingling in urethra. (K.) Burning in urethra during coitus. (K.) Burning in prostate during ejaculation. (K.)

16. Female Sexual Organs.—Itching of hairy parts of pudendum. *Intolerable itching of external genitals, which did not cease till the following day.* Bearing down pains with spinal irritation. Prolapse < at close of menses. Leucorrhœa, profuse, thick, bloody excoriating—metastasis, milk ceases and congestion of brain and spine comes on. Paralytic weakness of limbs during pregnancy.

17. Respiratory Organs.—Sense of constrictions of larynx. *The oppression and constriction of larynx makes him dread suffocation.* Pressive pain in r. of larynx, with irritation to cough. Huskiness of voice with piercing pains in chest. Tickling in larynx causing short and frequent repeated cough. Scratching irritation in windpipe causing a dry cough. *Constant irritation to cough, which can mostly be suppressed, but if not several violent shocks of cough succeed one another, which are very painful and mostly dry.* Cough appears in isolated attacks; is very violent; and ends with repeated sneezing. After dinner coughing and sneezing together, so violent it causes him to call out. Cough with gagging; with vomiting. Recurring several times violent cough by shocks; cause him to double up legs and move arms; and forces tears from his eyes. Cough, convulsive, on waking. Often aroused at night by violent attacks of cough; obliged to sit up; with sweat. Shortly after falling asleep, is roused by spasmodic cough lasting ten minutes; with painful tickling in upper part of larynx and extending down throat. Afternoon sleep disturbed by cough. Several times loose, labored cough, the irritation being in the

wind-pipe. *Expectoration:* Mucus; thick white, large brown flakes; lumpy; gelatinous, like starch-paste; saltish lumps. Much expectoration of small gelatinous, transparent, moulded lumps of mucus, with great relief of the lungs, without coughing and by forcible expiration. Respiration: *Difficult and noisy;* labored and superficial; oppressed; aggravated, as if the cavity of the thorax were filled with blood; *light;* frequent, deep. Hot accelerated breath and oppressed chest.

18. CHEST.—Twitching and jumping of pectoral muscles. Rattling of mucus in chest; when lying on back. Burning inside chest with a kind of oppression. *Burning in l. chest, < after dinner.* Fine burning and prickling at different places of the chest, esp. on sternum. Shooting pains and tension in chest. *Tension in lower part of chest, during motion and when sitting; this tension takes away her breath. Total constriction of chest consequent on oppression; she is forced to take frequent and deep inspirations, this makes walking difficult for her. More or less severe constriction of chest, with deep inspiration at times and visible beating of heart, and a kind of oppression, esp. behind the two borders of sternum along its whole length.* Pain lower chest, esp. region of pit of stomach; as if contents of thorax compressed; < after dinner. Pressure and drawing pain in chest. Oppression of chest, with throbbing of arteries. *Oppression of chest in region of diaphragm, attended with drawing pain. Severe oppression in cardiac region as if cavity of thorax were narrowed.* Anxious, restless feeling in the chest, from time to time, as when expecting somewhat unusual. Sprained pain in interior of chest; < deep breath; evening. Soreness and bruised pain of chest. Sore pain deep in chest, first l. then r. Shooting, pressing pain repeatedly in chest and back, esp. under both scapulæ and corresponding parts in front; very painful inducing deep breathing as if for relief. Stitches in lungs. Jerking stitches through r. lung. Twitches running across chest, in rapid succession, accompanied by prickling. Stitches behind sternum. Sore pain under sternum. Anxiety in chest < rising from sitting; breathing accelerated; inclination to sighing respiration. Weight on chest. Momentary stitches from behind through chest, without disturbing respiration. Fine stitching and pressure in upper chest, like a burning pain, without cough. On sitting, evenings, sudden stitches deep in chest in region of borders of dorsal vertebræ. Stitches in one or other lung, < bending forward or backward. Stitches in middle of chest. Stitches in chest below nipples. When walking, forenoon, punctiform stitches, from within outwards, in lower half of chest. Sensitive piercing, tearing pains in small spots. Soreness in chest. Bruised pain in entire front wall of chest, with difficult breathing, sense of motion, almost sticking, in muscles of chest and neck. Sprained pain in interior of chest < deep inspiration. Violent itching and burning on chest, itching ending in burning. Stitches, pricking and jerking in pectoral and chest muscles. Burning drawing pains r. side chest, from within out. Violent itching of nipples. Burning itching on chest and back. Mattery pustules on breast, with areola, size of millet seed; they cause itching and burning. In consequence of a leap, burning piercing, sprained sensation, under r. nipple, stopping respiration. When walking, painful excessive pressure on r. breast, near nipple, with desire to breathe deeply. Stitches in r. rib muscles below nipple. Pinching pain in l. breast, descending obliquely as far as the navel.

19. HEART.—Irregular action of heart in tea and coffee drinkers. Heart difficulties of smokers. *Sensation as if heart compressed.* Twitching shocks of heart. Trembling of heart on awaking. Pressure near heart. Strong pulsation of heart felt down to coccyx. *Palpitation:* visible and audible; in evening; on going to bed; on waking; when standing; when vexed. Stitches in apex of heart. *Angina pectoris, constant feeling of a lump in epigastrium, with pain under sternum; drawing in region of diaphragm, sharp* pains in l. side. When lying on l. side acute pain in apex of heart, which, however, does not quite wake him up. *Pulse:* Tremulous, weak; *very frequent and small;* slow.

20. NECK AND BACK.—Cervical glands swollen. Tension in region of thymus gland (struma). Stiffness in nape. Stiff neck. *Twitches of cervical muscles.* Sprained pain in muscles of neck; on turning head to l. Mornings in bed, constant chirping in occipital region of neck, as if a cricket were in cervical canal. After dinner, slight backache and tension across both sides of chest from behind forward. Violent pains at night along back, as well as across chest, loins and r. thigh. Backache very violent at least motion of body. Pain in back and small of back after yawning. *Muscles of back feel bruised, and on bending forward seem too short;* in bed on waking after a good night; also when sitting. Muscles of back weak; difficult to sit straight. On rising from a seat, back stiff; violent pain l. loin prevents body being righted. Burning itching of back. Pain along spinal column so violent he did not know what position to take in bed to lie comfortably. *Aching along spine and crawling. When stooping, pain in spinal column as though it were too weak to support the body. Every increased motion = violent pain in several places in spinal column. Violent pain on turning body, esp. at last dorsal and first and second lumbar vertebræ, which becomes throbbing after increased motion. Painful throbbing in spinal canal. Sensation in back as if cold air were spreading over whole body from spine. Sensations of spine:* to touch of chair back; to washing

with a sponge. *Drawing tensive pain along whole spinal column;* < touch; < every motion. Shooting in vertebræ. Warmth and sensation of roughness in dorsal region. Pressive boring pain in middle of back. Pain between eighth and ninth dorsal vertebræ. Pain < by touch, in last dorsal and first two lumbar vertebræ with feeling of coldness in gluteal muscles and formication in feet. *Violent pain in small of back when sitting or lying down;* > by motion. Violent pain in small of back on raising the thigh when sitting. Between dorsal and lumbar vertebræ, splinter-like sticking pain, followed in same spot by sensation as if spinal marrow touched by ice-cold object; a few minutes later the same sticking in cervical vertebræ. Crackling in lumbar vertebræ when stooping. Tension along lumbar vertebræ making stooping forward difficult. Painful pressive tension in tendons and ligaments of r. lumbar region, extending to great trochanter; it only appears on r. side, and always disappears when lying on l. Pain as from bruises in lumbar region < *lying and sitting.* Violent electric-like shocks of lower part of body, emanating from a lumbar vertebræ. Stitches in r. loin. Paralytic pain in loins < standing or walking. Twitches in r. lumbar region, evening. Feeling of paralysis near lumbar vertebræ, close above border of os ilium; stepping forward difficult. *Pain in sacrum;* after each dose; continued; *as if beaten, dislocated feeling;* so violent he cannot leave his bed. Had hardly exerted himself somewhat during stool when a violent pain in sacrum appeared that soon extended to lower limbs. Pressive pain in sacrum as if it would burst. Pain in hip and sacrum (l.), like crick in the back. Fullness; heaviness; pressure in sacrum. *As if a weight on sacrum. As if sacrum would burst.* Pains in sacrum are < walking; leaning back in chair; straining at stool. *Numbness and weakness of back.* Sensation of ants creeping along spine. *Muscles back of neck, and back, feel bruised and on bending body forwards feel too short.* Pricking in cervical vertebræ, on stooping. Tensive feeling of sterno-cleido muscles of both sides. *Spasmodic pressive and drawing pain, starts from back, extends to middle of chest and into œsophagus. Peculiar sensation of weakness and stiffness between the shoulders extends into neck.* Tearing and stitches between shoulder-blades. Stitches under shoulder-blades. Splinter-like stitches in surface of r. back, below shoulder-blade; also l. Spasmodic jerks in l. side of back. Violent penetrating stitches like splinters in dorsal vertebræ and l. pectoral muscle. *Feels as if large splinters were pushed into back. Violent burning, shooting pains deep in spine. Peculiar painfulness along spinal cord when stooping.* Pain in sacrum, a sort of stitch extends along whole spinal column to nape. *Dragging, crackling and creaking along spinal column during increasing motion of body, esp. at or near atlas joint.* Shivering; prickling; sensation of ants creeping along spine. SPINAL COLUMN SENSITIVE TO TOUCH. Stitches in region of kidneys, first r. then l. Crick in the back. While walking in the open air at noon, so sudden and violent a stitch in sacrum he could not take another step. Icy coldness close to coccyx. Cold spots on back. Cold aura. Dry feeling in coccyx.

21. LIMBS.—*Trembling of limbs. Frequent jumping of muscles of extremities,* with jerking of first, one thumb, then the other, and of separate fingers. *She felt as if her limbs did not belong to her. Paralysis of lower limbs with slight spasms in arms.* Easy going to sleep of limbs. Tearing in long bones, esp. at their extremities. Pains in bones of legs and forearm, alternating with similar pains in r. tibia. TEARING IN LIMBS, < AT REST OR SITTING, > MOVING. *Shooting pains:* in all the limbs; esp. knees and nape of neck; in fingers and toes. *Pain in r. knee and l. hand; pain shifts about every third day; during attack, cough only on moving about; pains worst when he begins to move about in the morning.* Cracking and other *noises in joints.* All the limbs as if beaten after slight exertion. Muscular soreness as after fever and influenza. PAIN IN LIMBS WITH LAMENESS AND NUMBNESS. *Weakness and coldness of limbs.* Limbs cold, livid. Formication in upper and lower limbs. Single transient tearing pains in r. tibia and r. ulna. Fine, piercing, tearing pains, always appearing suddenly, in region of r. leg, in front close above ankle, and at same time at a point in middle of back of l. hand. Now and then a shooting tearing pain when beginning to move, disappearing on continued motion. Bone pains begin morning, < up to noon, > afternoon and evening; esp. l. tibia, sometimes appearing on condyle of l. elbow; the pains are like those of syphilis only they are > by warmth of bed.

22. UPPER LIMBS.—Shoulder-joint as if dislocated. Began to move arms here and there and shrug the shoulders. Pimples on arms with a burning itching, size of flax-seed. On account of pain is obliged to change position of arms frequently. Small jerks in muscles of l. shoulder-joint and between l. scapulæ. Tearing in r. shoulder. Shooting in axilla. Icy feeling in r. axilla and l. ankle. *Rheumatism of r. deltoid when moving arms backward,* with great weakness in loins and extremities and less urination. Sprained feeling in l. deltoid as if a thousand splinters in it on raising arms. Paralytic tearing in r. shoulder. Sticking in muscles of anterior wall of r. axilla. Rhythmical jumping of muscles of l. scapula and l. deltoid muscle. Convulsive shock in l. shoulder. Sprained pain in l. shoulder-joint. Sore pain as if chafed, lower angle l. scapula. Fine stinging in fore part head r. humerus. Drawing pain l. arm extending to middle finger. Stiff pain in r. biceps, morning

on rising, on bending arm back. Upper arm feels paralyzed in consequence of much writing. *Drawing from l. upper arm to forearm and down over the elbow.* Twitching of muscles of l. upper arm, near point of elbow. Tensive pressive pain in tendons of l. upper arm close to bend of elbow. *Shocks in r. elbow and wrist.* Sore pain at insertion of deltoid muscle. Pressure and bruised sensation in elbows, esp. l. Cold at tip r. elbow as if covered with ice. Violent pulsation in artery in flesh above r. olecranon. Constrictive pressure in l. elbow and r. shoulder. Painful tearing in l. elbow-joint. Pain like fine splinters in tip of l. elbow. Middle of r. forearm terrible pain as from a thousand splinters. Violent sudden pain between the bones of l. forearm extending to hand with fixed pain back of wrist. Burning itching r. forearm; scratching is succeeded by white eruptions, size of flax-seed, leaving beany scales. *Tearing,* l. forearm; in l. wrist. Sprained pain in tendons of dorsum of l. wrist. The hands are rubbed together as if rolling something into a ball. *Burning and itching of both hands as if swollen.* Hands hot, swollen and red. Stitches as if splinters back of r. hand near wrist, with frequent twitching of various muscles. Burning sore sensation back of r. hand towards wrist, later, same in l. Burning soreness and sensitiveness from r. wrist to thumb and forefinger. Inflamed pimples size of flax-seed on dorsum l. hand. Hands, esp. l., easily go to sleep. Warm sweat at times in palms. Burning itching in r. palm. Tearing pain in fingers, seemingly in periosteum. Finger-joints sensitive to touch. FINGERS STIFF FROM GOUT. Prickly stitches in l. forefinger. Tearing burnings in r. thumb. Cramp-like pain in r. thumb, when writing. Cramp in ball of r. thumb when standing and walking; > sitting. Clumsiness; drops things. Violent tearing in l. thumb. Pricking as fine needles in l. < by slight touch. Fingers deaden and often remain long sensitive to cold.

23. LOWER LIMBS.—Coldness of lower limbs. Pain in lower dorsal and first lumbar vertebræ with *feeling of coldness in gluteal muscles* and formication in the feet. *Pains in legs, esp. region of r. hip-joint, outer side r. leg, as from fatigue, with tearing pains;* with unsteadiness. *Violent pains in limbs, esp. hips, esp. l. hip, under gluteal muscles,* not affected by touch, pressure, walking or rest, but < *deep stooping and changing position of parts. Tensive pressive tearing in hip-joints, as if heads of bones pulled from their sockets. Pain in hips as if heads of femurs would be separated from shafts. Heaviness,* PROSTRATION, WEARINESS, WEAKNESS of legs; can hardly lift them; when standing, body sways to and fro. Legs ache dreadfully as if they had been crushed by a heavy load. Mornings, burning in both legs, which ceases after rising. *Drawing, pressive pain in legs, esp. ankles.* TWITCHING OF GLUTEAL MUSCLES. *In left buttock, violent tearing, with sensation of coldness wakening him out of sleep. Icy coldness from glutei down to the feet; most in great toes.* Coldness spreading from glutei down the legs with numbness. Large boil on r. buttock very painful, discharging black blood on seventh day with most violent burning pains. *Drawing pains in periosteum of bones of leg. Weight in the legs; they feel weary, and as if they had been knocked from under him. Pains in legs < standing or sitting; >-motion.* Crawling and burning in skin of both legs from hip to heel. Burning itching of legs on undressing; burning when scratching. Legs go to sleep as soon as he crosses them. Sweat on legs; *on inner surfaces of thighs.* Burning in gluteals. Quicksilver sensation in both buttocks at same time; in r.; in l. Pulsating coldness in buttocks. Coldness in r.; in l. buttock. Tearing with coldness in l. buttock. After dinner coldness in small spot on l. buttock. *On crossing thighs a violent pain in them.* Cramplike pain from ilium down towards muscles of anterior surface of r. thigh. Pressing in thighs, < r. *Sensation of plug in outer side of thigh, above knee.* Tendons of thigh stretched. Drawing rheumatic pain in external surface of both thighs when walking and after sitting. Drawing and stitches in anterior surface of thigh. Transient cramp-like pains in muscles of anterior surface of thighs. Coldness in narrow strip some inches long back of thigh. Bruised pain in anterior surface of femur above knee; tearing above lower condyle. Paralytic pain in thigh, esp. r. walking; thigh feels too heavy and as if supporting a load. Tendinous expansion of r. thigh painfully tight. Electric stitches in skin of anterior of r. thigh. Tearing in head of l. femur, which disturbs his rest. Violent contraction of flexors of l. thigh while walking in forenoon. Continual paralytic drawing in l. thigh down to knee, both in rest and motion. Tearing attended with sense of coldness back of l. thigh. Drawing tearing pain anteriorly in outer l. thigh extending into popliteal space. Fine stitches over l. knee and on anterior surface of thigh. Biting pimple on thigh above l. knee; scratching = violent burning in it. *Knocking together of knees.* Twitching of muscles of r. knee. Knee-joints painful, morning on getting out of bed; when sitting. Drawing in both knees simultaneously. Stitches in knees; in r. then l.; while walking. Tearing in r. knee and r. ankle, with dull drawing in upper front teeth (after looking out of window into cool air). Internal trembling in knees with powerlessness of legs. *Pain in knees < sitting, > walking.* Stitches in knees with electric shocks. Drawing pain in knees > moving < lying. Tearing and boring in knee-joints. Drawing and sprained pain in l. knee, when walking. Pricking as with pins above bend of l. knee. Paralysis of l. knee;

sudden giving way when walking. Drawing in leg from r. knee to toes, when sitting. Tearing in leg down to lower end of tibia. Jumping drawing pressure, here and there in muscles of legs. Jumping of muscles of r. leg and foot, with jerk-like shocks, afterwards pricking itching in l. sole near toes and l. index finger. Burning in legs; in r. Tension in r. l. leg; as if pulled by r. leg. Fine pricking inner side r. leg towards tibia. Cramp-like pain sometimes in muscles of r. leg, sometimes in upper surface of thigh. Painful drawing in back of r. leg extending down along calf; > walking. Paralytic numbness of l. leg. Burning itching of l. leg, followed by minute eruption. Light pains in both tibiæ. Towards noon drawing pains in both tibiæ; < sitting, > walking. Tibiæ sensitive. Sensation at tip of tibia or head of fibula as if warm hand laid on part. Burning in r. tibia. Cramp in l. tibia. Pains in bones of legs as if in the marrow. Pressure internal side of gastrocnemii, while sitting. Weight in calves. Cramp-like pains in calves. Suddenly, while walking a painful contractive cramp-like pain in r. calf as if something knotted there; ≪ lifting up or putting down foot, causing knees to give and making them lame. Drawing; tearing; stitches; twitching; crawling in calves. Stitches in tendons. Achillis on rising from sitting. Drawing, piercing stitches about ankles. Drawing in ankle-joints; in ankle-bones. Cramp in r. ankle. Sprained pain in l. ankle. Tearing pressure of internal malleolus. Crawling under skin of l. ankle bone. Paralytic weakness and heaviness of feet; < going down stairs; felt it proceed from sacrum. Formication in feet. FEET COLD; extending to condyles; feel as if plunged in snow. Sprained pain; stitches; crawling burning in feet. Stitches in middle of l. foot. CRAMP IN SOLE OF FOOT AT NIGHT. Tearing in sole; splinter pain in soles; in l.; while sitting. Pain in heels; as from bruise; stitches when stepping, extending up leg; on lower surface of heel when sitting; splinters in r. and in toes; burning stitch in l. heel. Stitches in toes when at rest. Crawling in toes, esp. l. Violent itching in toes as if frost-bitten. *Itching, burning and redness of toes as if frozen.* Grinding pain in toes of r. foot. Sudden violent piercing as if splinters in r. toes. Dull stitches in last three r. toes. Drawing tearing in lower surface of r. big toe when sitting. Soreness of r. little toe as from pinching by tight boot. *Drawing in l. toes.* Crawling and formication in tips of l. toes. L. great toe swollen at imbedding of nail and very painful. Painful twitches in ball of l. great toe. Frequent tearing in ball of l. great toe. Stitches in spot where formerly a corn had been. Soreness in corn of l. second toe.

24. GENERALITIES.—*Several convulsions following each other in quick succession, first in posterior part of chest, passing through obliquely, thenin epigastrium, afterwards in hypogastrium, esp. r. side, attended with sensation as if the whole body were shaken through; in evening, when standing.* In one epileptic the fits were more violent and came on at shorter intervals; in two others the fits became more violent and more frequent at first, but afterwards more rare and very slight. Reclining on lounge with r. arm under her head, her body was *suddenly* shudderingly shaken, the arm involuntarily pulled down to the trunk, upon which followed severe fine stitches in both condyles of the elbows. Constant inclination to bend the body backwards and to stretch. Violent convulsive shock of entire r. side of body proceeding from the spine. Unsteady gait, stumbles over every object. *Cracking in all the joints on moving them.* It seems as if the whole body were gradually diminishing. *Cramp-like pain in all the muscles, erratic, now in upper, now in lower limbs, when sitting.* When sitting a boring pain in whole head, in thighs, tibiæ and bones of tarsus, attended with somnolence and relaxation of whole body. Frequent sensitive tearing now and then in the tendinous expansions of the body. Fine pricking as from pins in different parts of the body. Bruised pain in single joints. Crawling on hairy portions of body. Crawling and coursing through all nerves, coming from abdomen. Heat of face with insupportable anxiety, which yielded four or five times to perspiration, caused by covering the head and intentionally accelerated breathing, upon which a highly agreeable sensation of coolness streamed through him.

25. SKIN.—General jaundice after convulsion. Feeling in the skin as if it was pasted on. Spreading herpes. *Lichen pilaris* urticatus. *Lichen simplex.* Sebaceous tumors. Indurations and tumors; carbuncles; fistulous ulcer corroding and excavated. The hard, rough smallpox of sheep. Nodules in skin on the neck, with cough (horses and cows). Epilepsy from checked eruptions. On lower abdomen, in region of navel, the privates and inner thighs, small, whitish pimples that itch violently, compelling to scratch, which only < the burning and itching. *Pimples:* between forefinger and thumb (l.), and on r. of neck. Continually, front of l. thigh; anus; very painful, discharging much blood without matter. Eruption of small itching pimples region of navel. Violent itching of abdomen and legs, scratching = eruption of easily bleeding pimples. Crawling sensation under skin, running in little circles, with pricking as of needles and burning. Itching like electric stitches. Itching quickly changing location, l. popliteal space, r. front side of knee and region of sacrum, appearing alternately in different parts when walking. Nightly itching and burning mostly beginning in the evening and increasing towards midnight. Itching stitches in l. eyebrow, l. ear, on knee and various parts of body.

26. SLEEP.—*Frequent yawning;* it is so violent *it makes him giddy;* early morning walking in open air. Yawned frequently, each yawn followed by involuntary laughter. Yawning and stretching. IRRESISTIBLE DROWSINESS; *in daytime; after dinner; after or even while eating;* in day time, sleepless at night, from rush of ideas. *Great drowsiness after dinner, but unable to fall asleep from pain and uneasiness in legs.* Slept well, but often gnashed his teeth in sleep. In the morning, after a good sleep he was unrefreshed and rose unwillingly. Had to make a great effort to rise in the morning. After an afternoon nap of two hours he could not rouse himself. Afternoon drowsy, sweaty with sexual desire. On falling asleep: *starts; twitches; electric shocks, with twitchings through legs, esp. l.; sudden complete awaking.* Frequent waking in the night. In night roused from sleep by coldness of whole l. leg. Awaked three successive nights exactly at mid-night. Restless night-sleep with constant tossing. *Slept badly with headache and depression, brooding in melancholy.* At night fearing suffocation; sensation as if nose were entirely stopped. Unpleasant, anxious dreams often wake him in the night. Many dreams and constantly changing images. Dreams he could not open his mouth on account of pain in maxillary joint, that they made him smell ammonia, which waked him. Dreams as if he were walking up and down in his room and reading, while he was sure he was in his bed; could not overcome it.

27. FEVER.—Feels chilly, with headache, giddiness, cold hands and feet; the chilly feeling runs along the limbs. *Shaking chill with gaping; chill continues until he shakes.* Chill if touched with a cold finger-tip. *Chill in the back, as if cold water running down; when leaning back against a chair.* Veins swollen with cool skin. Radiating warmth from whole body. Much creeping heat through back, on slow walking in open air, with twitching of l. side of face. Frequent attacks of warmth of face and whole upper front of body, lasting five to ten months. Feverish chills every evening without thirst and without subsequent heat. Violent attacks of heat in evening; cheeks glow though hands are cold; those symptoms are attended with long-continued thirst, but without sweat. *Heat in night, chilly on turning in bed or raising bedcover.* Skin very warm, being much distended. *Violent breaking out of perspiration over the whole body, with the hairy scalp. Sweat most on lower limbs evening and night.* After a quiet night excessive sweat over whole body. *Sweat from slightest exertion. Profuse sweating in every walk.* Evenings in bed, sweat, esp. of legs without heat; on contrary they feel as if fanned by cool breeze. Face, neck and chest wet with cold sweat. Oily night sweats. Coma following fever of dentition.

SALPINGITIS.*

BY L. C. M'ELWEE, M. D., ST. LOUIS.

I SHALL treat of one phase of this subject only and the one which I deem the most important. This treatment will at once justify the paper in the minds of the initiated and serve to warn the novice of the magnitude of its importance.

The daily papers often chronicle the accidental death of some one from a long unused firearm. The almost invariable explanation of the wielder of the gun is: "I didn't know it was loaded." The most dismal domestic tragedy played upon the stage of life and that, too, with the young husband and wife as the leading dramatis personæ. The family doctor is usually the interlocutor, while Dan Cupid acts as promoter and manager and some innocent and unsuspecting clergymen in "particeps criminis" being an ipso facto accessory before the fact. What, then, is the fact? What the unsuspected "loaded gun?" The answer is deplorably easy. Although the writer has seen salpingitis to develop from infection incidental to the puerperal state and the text-books list this first among other causes, the laboratory notes and clinical experiences (the medical journals) refer by far the greatest number of cases of salpingitis to gonorrhœal infection.

The fact then—the grewsome fact—is the diplococcus of Neisser, and the unsuspected "loaded gun" is a *supposedly cured* case of gonorrhœa. I think I hear some one say: "I thought your paper was to be about salpingitis;" yes, yes, so it is, but because of my experience and observation I am unable to think of salpingitis without immediately associating with the thought the other all too inseparable one of gonorrhœa. The time was when the professional mind regarded gonorrhœa in the female as but a simple affair, mostly local in character, attended with more or less transitory physical pain and personal discomfort of the patient, chief of which being a more or less severe burning on urination, etc., after the subsidence of which transitory storm no sequelæ of importance remained. But one fine day about three decades ago the profession, in limited numbers, awoke to the startling fact that the sequelæ to *gonorrhœa in the female constitute the most serious problems with which the gynæcologist must deal.* And the tragic part of it is that it all too often happens that the subject of this mighty evil is the young wife who as a bride comes to her husband in all her virginal purity and sexual chastity to become infected by him through what seems to me to be inexcusable ignorance on his part, and well-nigh criminal carelessness on the part of his medical adviser. And yet we are treated to the spectacle of men posing as phy-

*Read at Mo. Inst. Meeting, at Kansas City.

sicians who rail and carp and sneer at State laws requiring a man to be sexually clean before he can marry! Not long since the Supreme Court of one of our States declared such a law unconstitutional because, forsooth, it was an unwarranted interference with *personal liberty!* Then in heaven's name, why can any quarantine statute stand, or why put locks on our front doors? But to our subject. How are the medical advisers almost criminally negligent? Because they *fail to know* when their patients are fully recovered from gonorrhœa before they will advise or consent to their marriage. But how can they know? They can know and know positively and *so easily* that it were criminal *not* to know. The how to know is in this wise. Given a case which under treatment seems to have recovered and the discharge abated. In order to test the permanency of the favorable appearances one has but to order the patient to take four or five glasses of beer during a period of twelve hours. If there is not immediately a recurrence of ureteral discharge containing gonococci during the next twenty-four or forty-eight hours the patient is presumably well, but the practitioner's duty is not yet fully discharged. Allowing a day or two to elapse he should then submit the patient to the silver test, viz.: With a piston syringe of 4 or 5 c.c. capacity, armed with a long catheter-shaped nozzle, the physician should throw the full capacity of the syringe of a 10 gr. to the ounce solution of the nitrate of silver into the posterior urethra and retain it for thirty seconds to one minute before allowing it to escape. If this is not followed by the development of a discharge containing gonococci the patient may not be considered *conclusively* well until after two or three repetitions of this experiment when no gonococci are to be found. No man who has had gonorrhœa within a year should be permitted to marry without first submitting to these tests made by or in consultation with a competent observer. When attention to this ceremony is properly given the marriage ceremony will cease to be followed by such dire consequences as is often the case now.

I have sermonized enough so I'll proceed to temize. Salpingitis, peritonitis, cystitis, home or domesticitis, pus tubes, laparotomy, sterility, childless marriage and wrecked hopes and home; chronic invalidism, nervous dyspepsia, chronic headache and reflexes often amounting to nymphomania are some of the units in the train of evils which wind their weary way along life's highway in the wake of the diplococcus of Neisser. So much for a prologue. Now for a few observations. I have never seen a case of gonorrhœal salpingitis recover without a mutilating operation. They do not always or even in a majority of cases result in pus tubes, but seventy per cent. of all pus tubes originate in gonorrhœal infection, which is mostly mixed with cognate streptococcus infection. While not resulting always in pus tubes "one child sterility" is nearly universal and, unless proper vigilance is exercised, actual blindness or corneal opacities in the "one child" are nearly certain. I have never yet seen a case where such a salpingitis was unilateral and I doubt the existence of such. I should have been spared much mortification and chagrin if some one had made this observation to me. For I have thought to save one apparently healthy tube (for a number of women) in a given laparotomy, but have always had to remove the other one by a subsequent operation before the patient was free from her pelvic pain. I have noticed, too, that the pelvic pain is in no wise proportionate to the amount of thickening or swelling of the involved tube. On the contrary, I have seen a patient with but little pain have a pus tube as large as a bicycle tire, while the most painful case I ever saw had no perceptible swelling at all. And the pain may be reflected to any terminal of the pubic nerve, singly or conjointly. For example, I had a case in which the pain was felt entirely in the anus, although the manipulations incidental to and a rectal examination did not augment the pain. This was only noticeable when the involved tube was disturbed. On the other hand, one may encounter a case with pain in the parts supplied by *all* the pubic nerve terminals. This seems to supply the reason for the inability of the patient to give a more definite subjective location of the pain than "down there."

Subjectively considered, the best conclusion the physician can reach on such evidence is the one of a pelvic inflammatory attack. A more or less careful examination will reveal the location of the inflammation and disclose the organs involved in the inflammatory process. It will be noticed that I have not attempted to set up a standard of usually observed symptoms;—they may be found in any standard text-book,—it being my intention only to make a few practical observations on the subject. Because of the actual destruction of tissues I have never seen remedies of any kind of any permanent service. Rest in bed and freedom from any kind of pelvic irritation is of more service than anything I have yet seen in a non-surgical way in the treatment of these cases.

Some gynæcologists advise temporizing measures, *i. e.*, tamponing, painting vault of vagina with iodine and draining the involved tubes through the posterior cul-de-sac, but after all is said and done, the patient is still a chronic invalid and shortly relapses into her misery as soon as temporizing measures cease. They go the rounds from city to city, from clinic to clinic, and from one specialist to another, only to find a modicum of relief by an operation that should have been done during or at the end of the first six months of trouble. I say six months, because

ample time should be given for the acute symptoms to subside and for the system to acquire a considerable auto-immunity to the infecting toxines. Verily, in such a case the treatment which appears to be most radical is the actual embodiment of conservatism.

It is proper to operate in all cases when in doubt as to the necessity for operation.

MINUTES OF THE MEETING OF THE SUB-COMMITTEE UPON HOMŒOPATHIC RESEARCH OF THE COLLEGE ALLIANCE.

MEETING of the Deans of the Homœopathic colleges of the United States, held in the Hotel Sherman, Chicago, Ill., July 1st, 1915.

There were present Drs. Hinsdale, Brant, Copeland, Chislett, Cobb, Nesbit, Dewey, Royal, Pearson, Sutherland and Wilson.

Dr. Sutherland was elected Chairman of the meeting.

Dr. Chislett stated that he had asked for the Deans to meet for the purpose of considering a plan of coöperative research work, the intention being that the homœopathic college shall so conduct their research work so as not to overlap.

At Dr. Chislett's request, Dr. Wilson presented a skeleton of a plan for the purpose of research work of Hahnemann.

Motion was passed that each of the Homœopathic colleges of the United States be requested to send a delegate or delegates to a meeting, which, when it convenes, shall constitute a committee to consider the subject of this conference, that is, the correlation of the research work of Homœopathic colleges, especially along the line of Pharmacology. Further, that this meeting shall occur at an early date.

Motion was passed that a committee of two be appointed by the Chairman to arrange for this conference. The chairman, Dr. Sutherland, appointed as this committee, Drs. Chislett and Dr. Pearson.

Dr. Hinsdale announced to the meeting that he would be pleased to entertain the delegates during their deliberations on this subject, provided they would give the matter full and careful consideration.

Adjournment.

W. H. WILSON.

At an informal meeting of the College Alliance, held in Chicago, July 1st, a special committee was appointed to call together representatives of the various Homœopathic Colleges, to outline a plan for coöperative research work under the direction of the different colleges.

The special meeting convened at the Hotel Cadillac, Detroit, Mich., August 16th, 1915, 9:30 A. M. Those present were Drs. Cobb, Blackwood, and Wilson, representing Hahnemann Medical College of Chicago. Dr. W. B. Hinsdale representing the University of Michigan, Dr. Widman representing Hahnemann Medical College of Philadelphia, Dr. DeNyse representing the New York Homœopathic Medical College and Flower Hospital, and Dr. A. E. Hinsdale and Mr. Jacob R. Wiggers representing the College of Homœopathic Medicine of the Ohio State University.

On motion of Dr. W. B. Hinsdale, Dr. Cobb was elected temporary Chairman and Dr. A. E. Hinsdale Secretary.

Dr. Cobb stated the purpose for which the meeting was called.

Moved by Dr. Blackwood that the permanent chairman be instructed to appoint a committee on Homœopathic Nomenclature. Seconded by Dr. W. B. Hinsdale. Motion laid on the table.

Moved by Dr. Wilson that this committee should be recognized as a committee of the College Alliance and that all necessary incidental expenses be borne by the Alliance. Seconded by Dr. Blackwood. Carried.

Moved by Dr. Wilson that the officers of the temporary organization be made the officers of the permanent organization. Seconded by Dr. Widman. Carried.

Moved by Dr. W. B. Hinsdale that a committee of three be appointed of which the chairman of this committee shall be a member and chairman who shall prepare and present a statement to the College Alliance stating the object of this conference, a report of what we have done and a statement of the work contemplated, and a request that the committee be made a permanent sub-committee of the College Alliance to be known as the Intercollegiate Committee on the correlation of work on drug research relating to the law of similars. Seconded by Dr. DeNyse. Carried.

Dr. W. B. Hinsdale was appointed as a committee of one to report on Dr. Blackwood's motion and Dr. Hinsdale's report is as follows:

WHEREAS, There are certain terms in use by Homœopathic physicians, terms referring particularly to Pharmacological procedures and preparations, that have distinctive and peculiar meanings for such physicians.

Resolved, That the chairman of this conference shall appoint a sub-committee upon Nomenclature, such sub-committee to confer with the proper officer or professor of the various colleges upon the importance of attaching to such terms as may be of the charater described, specific definitions.

The sub-committee shall report to this committee from time to time. This sub-committee shall be known as the committee upon Homœopathic Nomenclature.

Moved by Dr. Widman that the preamble to Dr. Hinsdale's report be adopted. Seconded by Dr. Wilson. Carried.

Moved by Dr. Widman that the balance of Dr. Hinsdale's motion be adopted. Seconded by Dr. DeNyse. Carried.

Moved by Dr. Widman that when this committee adjourns that it meet in Cincinnati at the time of the meeting of the Southern Homœopathic Medical Association. Seconded by Dr. Blackwood. Carried.

Moved by Dr. Blackwood that the officers of this committee ask of the president of the Southern Homœopathic Association a place on their programme, for the purpose of making a statement of the committee's work. Seconded by Dr. W. B. Hinsdale. Carried.

Moved by Dr. W. B. Hinsdale that a report of this Committee's work be sent to the Dean of each Homœopathic College. Seconded by Dr. Blackwood. Carried.

Dr. Wilson presented an outline for research work in the Homœopathic Colleges. His report is as follows:

RESEARCH WORK IN THE HOMŒOPATHIC COLLEGES.

In considering research work in our institutions, it is important that we also consider publicity at the same time. I have chosen to consider it first.

Publicity, so far as research work is concerned, may be of two kinds: First, the correlation and publication of all research work which relates or eliminates in any way the law of similars. Second, the publicity of our own research work.

In connection with those two phases of the subject, I wish to make the following recommendations: First, that a committee acting under the direction of the chairman of this committee and consisting of one from each college be formed, which shall go over the world's recent and current literature for reports of actual research work bearing on our subject. The work shall be divided as the chairman of this committee sees best and the results published in the journal of the American Institute of Homœopathy. So far as possible resumes of articles shall be published. The reports shall be published monthly.

Second.—All reports of research work from the homœopathic colleges shall be published first in the Journal of the American Institute of Homœopathy and, if practical, shall afterward be collected together into a single volume for general distribution. The date of the receipt of each report shall be attached to each article when published.

Third.—That so far as possible, publicity be extended to popular publications.

RESEARCH WORK.

The law of similars would be made more probable to the scientific world if any of the following questions could be answered affirmatively:

First.—Can diseases having a known etiology and which are cured by the development of immune substance be actually prevented by the administration of similar remedies?

Second.—Can the physical changes produced by disease be duplicated in healthy animals by similar remedies?

Third.—Can actual immunity be established in animals in sufficiently large numbers to leave no doubt?

Fourth.—Do chemical substances other than proteins excite the production of actual immune bodies?

SUGGESTIONS AS TO CARRYING OUT THE WORK.

First.—That the colleges be arranged in groups of two and that each group perform the same line of experiments as nearly as possible.

Second.—That this committee shall be recognized as a Committee of the College Alliance and that all necessary travelling expenses and incidental expenses be borne by the Alliance.

Third.—That all research work done by any college shall be done with the assistance and advice of competent physiologists, pathologists and chemists.

Moved by Dr. Wilson that the preamble and first clause of the scheme presented by Dr. Wilson, as amended, be adopted. Seconded by Dr. Widman. Carried.

Moved by Dr. W. B. Hinsdale that the second clause of Dr. Wilson's report be adopted. Seconded by Dr. Widman. Carried.

Dr. Blackwood moved the adoption of the third portion of Dr. Wilson's report. Seconded by Dr. W. B. Hinsdale. Carried.

Under the heading (suggestions as to carrying out the work) it was moved by Dr. Cobb that the first, second and third portions of Dr. Wilson's report as amended be adopted. Seconded by Dr. Blackwood. Carried.

Moved by Dr. Blackwood that the necessary expenses of this meeting, including the manifold report for the different colleges, be presented to the treasurer of the College Alliance when certified to by the chairman. Seconded by Dr. A. E. Hinsdale. Carried.

Motion to adjourn. Carried.

A. E. HINSDALE, *M. D.*,
Secretary.

Mercury is not homœopathic to the primary stage of syphilis and therefore has no influence on the chancre. The *Mercury* ulcer is superficial and spreads at the periphery, resembling the chancroid, to which it is ideally homœopathic, a fact I have verified on many occaions.—*Coleman.*

URETHRITIS.

BY F. F. NETHERTON, M. D., CLINTON, MO.

THAT pet formula upon which you had placed such supreme confidence as "a sure thing" in the early years of your practice, by the prescribing of which you were going to slay whole troops of germs of the genus gonococci as described by Neiser, no matter how well they might be entrenched in the wilds of their native habitat—the *epithelii urethræ*—you have long since discarded in all probability along with several other equally lauded specifics (?).

This experience has been so often duplicated that there are scores of practically useless formulæ scattered through our G. U. literature and elsewhere, on down to the one at the corner drug store, where "the boys" have been getting Old Doctor So-and-so's prescription, where the good druggist has so kindly cared for them, and with the usual number of failures to his credit, too.

Quite likely in our zeal in seeking a "specific" we have allowed ourselves to be mulcted to the tune of $10 by an advertising brother who for that evidence of good faith would send us a treatment "that was never known to fail." Accompanying the set of prescriptions would be the advice to "at once place the patient in bed," which, on the face of it, made the remedy practically worthless, for while the patient may have had a sort of notoriety in his conduct, yet he is usually quite averse to an attempt at additional advertisement, especially within the family circle, as a fit candidate for a sick bed, and to remain quiescent in a state of repose as that would so compel him, though admitting that his recovery would be materially hastened by so doing.

Something to me, new, in the line of treatment for this all-too-common affection, has been recently brought to my attention, and I take pleasure at this time in presenting it to you as something worth while.

It has been observed by several that gonorrhœa contracted in cases previously to the development of typhoid and other fevers, that the gonococci spontaneously disappeared during the height of the fever. This fact led Drs. Harrison and Houghton, of the Royal Army Medical Corps of England, to investigate on the theory that might not heat applied direct in the urethra be curative in gonorrhœa.

They found that the urethra would sustain a temperature of from 114° to 119° F., even to 125° F., providing that the heat be gradually applied. They reported 16 cases so treated of which 11 were acute and purulent, and the 5 subacute or chronic and watery in discharge.

The gonococci entirely disappeared in from 4 to 11 days after the first treatment, the character of the discharge at once changing to a muco-purulent or muco-serous, and in 6 cases disappeared on the eighth day.

These facts having been brought to the notice of a colleague, a practitioner in my home city, who is something of a mechanic, he has succeeded in making a most convenient applicator whereby hot water is permitted to pass through a hollow return sound and by means of an infusion thermometer placed in the supply tube, am enabled to regulate and control the proper degree of heat to a nicety.

I use a gallon metal pail with a stop cock near the bottom, placing it over a Bunsen flame, which has a "by pass" or self lighter. To this is attached a cord and given to the patient as he reclines upon a couch near by, who is left for about a 30 minutes' seance, during which time I am left free to attend to waiting patients. Through the use of the instrument connected up in this manner we are enabled to control the heat within a range of 118° to 120° F.; the latter temperature is usually found not to be uncomfortable and infrequently have used a degree or two higher with perfect safety, though always consulting the patient's sensitiveness and he soon learns to so regulate the amount of heat within the limit of his comfort.

I usually give the treatments about twice a week and have found results highly gratifying. Sometimes, for psychological effect, supply him with a small syringe and a mild antiseptic solution, and if the urine is kept alkaline and abundant, a cure is obtained in much less than the usual time with no stricture or other annoyance as a sequelæ.

It is also most interesting to note from time to time, under the microscope, the decreasing number of the gonococci and their final disappearance along with this method of treatment, and, in truth, the microscope is the only absolute authority in any case of gonorrhœa when a pronouncement of cure would be declared.

The applicator is, as you see, adapted to meet the needs in caring not only for the anterior and posterior portions of the urethra, but reaches through the prostatic portion at the same time, applying the maintained degree of heat for a protracted period of time and thus actually destroys the gonococci in situ.

Hydrophobia.

Because a man receives 21 injections of the Pasteur serum and does not contract hydrophobia, is no proof that he would have had this disease if the injections had not been given, for tens of thousands have been bitten by dogs, received no injections and have not contracted the disease, a disease, by the way, that many say does not exist save by suggestion.—*Recorder.*

COMPLEMENTARY REMEDIES.

BY L. C. MCELWEE, M. D., ST. LOUIS, MO.

BY complementary remedies we mean those remedies which help other remedies, or complete their work, or are accessory with other remedies in their action, or tend to or actually take up the case where the initial remedy leaves off, or can go no farther, and completes the cure.

Sometimes diseases in their acute manifestations call for a remedy entirely different from the remedy indicated in their chronic states. In such a case it has been found by long clinical experience that there is a certain definite and fixed relation between certain remedies in which the ones which follow the others are called chronic remedies.

Prominent among the remedies noted for this complementary action are Aconite and Sulphur.

For example, should a child develop a case of spasmodic croup with Aconite as the similimum, and in which case Aconite seems to be unable to complete the cure, it will likely be found that Sulphur will clear it up. Moreover, after having removed the bar to the complete cure, it secures immunity from subsequent attacks—at least for that season.

Aconite has a deservedly great reputation for curing complaints originating in a great fright. In some cases the effect of the fright remains more or less permanently. In such a case Opium high is likely to be the remedy.

Sometimes it appears that remedies become the "chronics" of others by virtue of their dissimilitude.

For example, Silicea is the complementary or "chronic" of Pulsatilla.

Now a Silicea patient is a cold patient usually, and his entire general and most special conditions are aggravated by cold. He is stubborn and mulish in disposition, peevish to a fault, and in physique in every sense the opposite to the mild, tearful, gentle, yielding, cold air craving, phlegmatic Pulsatilla patient.

As the secondary or chronic effect of remedies is always opposite to the primary or acute effects, we often find the chronic diseased symptom complex diametrically opposite to that of the acute manifestation, and this fact probably accounts for the fact that Silicea is able to clean up the back yard of Miss Pulsatilla.

Many times Apis mellifica clears up most of a case, *e. g.*, a post-scarlatinal nephritis, but there comes a time occasionally when it is no longer of service for improvement, refuses to continue. In such a case after a more or less careful anamnesis of the case it will often be found that the symptoms have switched to Natrum muriaticum.

Here again we find the strange dissimilarity of the acute and chronic remedy, most striking of which in the absence of thirst in Apis mellifica and the consuming thirst of Natrum muriaticum.

In the impoverished blood state in which China officinalis is best indicated, Ferrum metallicum is often found to follow well.

This seems to be the exception to the rule that the chronic remedy is most efficient when given in high attenuation.

Psorinum is complementary to Graphites, more especially in its exudative skin eruptions.

Merely a cursory study of the guiding symptoms will disclose a great number of complementary remedies to which we would refer the hearer or reader for further profitable study.

If the writer were unable to detail them all time and space would now forbid.

These few hints, however, are given in the hope that they may excite the curiosity of some one enough to cause him to look closely into the very interesting subject. But we cannot close without calling attention to two other groups of remedies having a very remarkable association. The first group consists of Phosphorus, Rumex crispus and Sulphur.

The curious feature of this relation consists in the fact that Rumex has the chest symptoms of Phosphorus (intensified if anything), and the bowel symptoms of Sulphur, so that if a given patient should present both groups at one and the same time instead of giving Phosphorus and Sulphur in alternation, Rumex alone will likely be sufficient.

The other group is exceedingly interesting since it covers a very wide range of possibilities. It consists of Arnica, Belladonna, Rhus toxicodendron, Calcarea carbonica and Calcarea phosphorica.

Belladonna and Calcarea carbonica attract attention, first, because most likely, seen most frequently. They are related to each other, much like Aconite and Sulphur, Apis and Natrum muriaticum, Pulsatilla and Silicea. In other words, when a given acute condition is not *entirely* cured by Belladonna but its dregs are left, Calcarea carbonica will usually clear up the rest of and Calcarea phosphorica but to a less degree, the case

The same may be said of Rhus toxicodendron *i. e.*, less frequently. Sepia also helps Rhus along once in a while. But Arnica, Rhus and Calcarea make a tandem team to be proud of by any one. For example, in a case of sprained or bruised joint Arnica internally and externally is of the greatest benefit. After the inflammatory stage is past and the joint becomes stiff after being still a while, and hurts on beginning to move, with relief from continued motion, the Rhus toxicodendron comes to our relief. After the stiffness comes weakness and fatigue of the joint under slight effort.

Its pristine strength will be restored by either

Calcarea phosphorica or Phosphorus, according as to whether the patient is fair and fat or slim and skinny and dark complexioned.

A STUDY OF NATRUM MURIATICUM.

BY A. H. STARCKE, M. D., KANSAS CITY, MO.

THIS is one of the proximate principles of the body.

As far back as 1832 attention was called in a paper published in Stapf's Archives to the great importance as remedies of all the "essential component parts of the body."

Natrum muriaticum (or common table salt) through its osmotic power regulates the degree of moisture in the tissues.

It is found in all the tissues of the body except the enamel of the teeth. It stands next to water. It is found in most foods.

Emaciation is its keynote.

How is the blood affected by oo much salt?

It makes the blood impoverished, watery, acrid, fluid, hence the individual becomes cold blooded, takes cold easily, easily chiils.

It is also natural to expect that the mucous membranes of that body would be dried up, because the water such, as it is was, was in the blood vessels, and hence it is to be expected tlfat if those salty discharges eventually passed out of an orifice of the body that the orifice would be scalded by the discharge, would cause fissures, and outside of the orifice cause pearly blisters to form, whether that orifice be the mouth, the eye, the urethra, the vagina or the rectum. Hence great thirst is to be observed.

Natrum muriaticum produces in general a scorbutic cachexia, with marked tendency to an unhealthy skin and to catarrh of mucous membranes.

It produces constipation but increases the secretion of urine. It causes delayed and scanty menstruation, and in most cases produces a well-marked depression of spirits amounting even to melancholia.

Its power to rid the system of malarial poisoning has been abundantly verified, and in numerous cases of malnutrition presenting peculiarities similar to the drug it has restored the tone of the system.

To those of you who have time and inclination I would refer you to Dr. J. C. Burnett's essays on "Supersalinity of the Blood as an Accelerator of Senility" and "A Cause of Cataract."

Through the great vegetative nervous system Natrum muriaticum has several special centers of action.

1. Blood.—Anæmia; great loss of red blood corpuscles. It produces tissue disorganization with disposition to angry eruptions, ulcers and inflammations. Great diminution of red corpuscles.

2. Liver.—Hypertrophy, anæmia; jaundice; despondency. The provers generally became constipated when taking the potencies. Great depression of spirits, yellow earthy face, excessive hunger, especially for supper, longing for salt and unquenchable thirst are very characteristic.

3. Spleen.—Hypertrophy with great anæmia.

4. Salivary Glands.—Increased and perverted secretion.

5. Mucous Membranes.—Congestion; inflammation. Vomiting and diarrhœa.

6. Digestive Organs.—Increased secretions; constipation.

When taken in moderate quantities with food salt aids digestion, promotes nutrition by exciting an increased secretion of digestive fluids, especially of saliva and gastric juice, by producing various catalytic transformations; by tending to regulate the phenomena of endosmosis and exosmosis, and by holding in solution the albumen and the blood corpuscles.

7. Skin.—Eczema; boils; urtiaria; fissures; loss of hair. It produces great dryness and cracking of the skin about the finger nails (hangnails). It powerfully effects the nutrition of the hair follicles, producing alopecia, especially over the mons veneris, but also of the whiskers and hair of the head. There is itching of the vulva with falling out of the hair of the parts.

8. Female Sexual Organs. — Salt delays menses and diminishes the sexual desire in men. It is useful for chlorotic girls who have a greasy skin, a greenish, yellow complexion, who mensturate only once in two or three months. Menses copious or scanty and watery. Symptoms agreeing, this remedy can eradicate chlorosis and turn the case into the picture of health, but not in a short time. It takes years to establish such conditions as pernicious anæmia; such conditions in which a cut finger bleeds only water, or in which the menstrual flow is only a leucorrhœa. Natrum muriaticum goes deep into the constitution to restore the pink complexion. It is a deep acting and long acting remedy. It is always well to examine the pace of remedies.

9. Eyes.—Secretions excoriating. Salt is rich in eye symptoms. It has proved an efficient remedy in a great variety of eye troubles. It produces: Itching, burning in eyes; sensation of sand in them; lachrymation very acrid, excoriating, making the lids red and sore, or the discharge is thin, watery and excoriating; great aching in eyes on much use of them; dimness of slight; pustules and ulcers of cornea.

10. (Posterior) Spine.—Great chilliness from anæmia. *Great emaciation; easily fatigued; complete physical also mental prostration. The great weakness and weariness* should always be kept in mind.

Some author in the course of his discourse proceeds as follows:

"A universal gloom has etttled over the land-

scape. Threatenings and forebodings loom large on the horizon. Impending and unavoidable calamity, like a thick veil, hangs before the mental vision. Despair, absence of mind, disinclination for mental work, weakness of memory, yellowish and brown skin, trembling of the whole body, mental and physical exhaustion and weakness, great prostration and emaciation, a decided dislike to sympathy or commiseration, and usually the most obstinate constipation."

Two prominent therapeutic applications follow:

A.—In diarrhœa as given by Dr. Bell in his work on the subject:

1. Emaciation of the neck.
2. Greasy appearance of the face.
3. Peculiar desires and aversions.
   1. Aversion to bread.
   2. Longing for salt or bitter things.
   3. Violent thirst.

B.—Intermittent fever:

A full and powerful paroxysm, complete, occurring (most frequently) in the forenoon; a severe chill, then frontal headache, red face and high fever; sweat in evening.

Dr. Guernsey gives the indications as follows: "Thirst for large quantities of water before the chill; this thirst continues through the paroxysm. Violent chill with headache, and after chill headache increases greatly; feels as if brain were being beaten with thousands of little hammers. After the fever sweat, and the patient wishes to lie a long time. If the disease lasts long the corners of the mouth become sore and finally the lips."

Aggravations; *10 or 11 A. M.*; at the sea shore or from sea air; mental exertion, talking, reading, lying down.

Ameliorations; in the open air; *going without regular* meals; lying on the right side; cold bathing.

Antidoted by: Sweet spirits of nitre, also by Camphor, Phosphorica (especially abuse of salt in food), Arsenicum (bad effects of sea bathing), Nux vomica will > if vertigo and headache be very persistent or prostration be prolonged after Natrum muriaticum.

Natrum muriaticum antidotes: Nitrate of silver, in all cases where this agent has been used for cauterization; Quinine, when diseases continue intermittent and patients suffer from headache, are constipated and have disturbed sleep; bee strings.

It may be called the chronic of Ignatia, its vegetable analogue.

Complementary to the potencies of Apis, acts well before and after it. Is followed well by Sepia and Thuja.

Dr. H. C. Allen says, Natrum muriaticum should never be given *during* the fever paroxysm.

In conclusions the sixteen characteristic symptoms which follow will bear careful consideration:

CHARACTERISTIC SYMPTOMS.

1. Sad and weeping, consolation and a fluttering of the heart follows.
2. Headache as if bursting; beating or sticking through to the neck and chest, with heat in the head, red face, nausea and vomiting before, during or after the catamenia, or during the fever stage, decreasing gradually after the sweat.
3. Drawing stiff sensation in the muscles of the eyes on moving them.
4. Great complaints about the dryness of the tongue, which is not very dry.
5. When the throat and neck of children emaciate rapidly, especially during summer complaint.
6. Great aversion to bread, of which she was once very fond.
7. Constipation with sensation of constriction of the anus; difficult expulsion of stool fissuring the anus, with flow of blood, leaving a sensation of much soreness in the anus.
8. Hair falling off the pubes.
9. Gleet; clear mucus; chronic after abuse of Argentum nitricum.
10. Every morning pressing and pushing towards the genitals; has to sit down to prevent prolapse.
11. Irregular intermission of the beating of the heart and pulse, especially when lying on the left side.
12. Pain in the back as if broken, > by lying on something hard.
13. Hang-nails; skin around the nails dry and cracked.
14. Frequent dreams of robbers in the house, and on walking will not believe the contrary until search is made.
15. Chill at 10 to 11 A. M. Any fever with violent headache; heat in face and great thirst; if it is regularly < at 10 to 11 A. M. Complete relief during sweat. Intermittent fever made inveterate by the abuse of quinine.
16. Great emaciation while living well, especially seen in the neck.

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1. Dr. Hering's Guiding Symptoms.
2. Dr. Burt's Physiological Materia Medica.
3. Dr. Nash's Regional Leaders.
4. Dr. T. F. Allen's Handbook of Materia Medica.
5. Dr. Bell on Diarrhœa.

Berberis vulgaris.

Pale, sunken face with dark rings around the eyes. Pain in back.

MEDICAL CENTURY

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ANGLO-FRENCH AMERICAN HOSPITAL.

HOSPITAL AUXILIARE, No. 307, Neuilly, France, is under the direction of the London Homœopathic Hospital. It is established for the homœopathic treatment of the sick and wounded from the forces of the Allies.

This is one of the first general medical hospitals for soldiers stricken with sickness established in the war. The sick usually outnumber the wounded, and the cases received are those of usually acute illnesses, such as pneumonia, acute rheumatism, dysentery, etc.

This Hospital is staffed throughout by homœopathic physicians. It is beautifully situated in spacious grounds and unusually well equipped, the wards are numerous and small, which permits of isolation being carried out if necessary. It has at present fifty beds, which capacity is about to be doubled.

It is under the protection of the French Red Cross Society.

The professional medical staff is constituted of volunteer physicians of wide experience, each having a certain term of service. Drs. Cash Reed, Spencer Cox, Alfred Hawkes, and other noted English Homœopathists have been upon the service, and at present Dr. J. Robinson Day and other colleagues are upon the ground.

Drs. Arnulphy, of Paris; Hoyle and MacNish, of London, were prominent movers in the establishment of the institution. Motor ambulances are provided to transfer the sick from the battle front.

It is gratifying to note this activity in our cause by our confreres in Europe. There will be interesting experiences and statistics to publish which will show the efficacy of the homœopathic practice.

Contributions are needed to carry on the work. Our own Dr. J. P. Sutherland, of Boston, at the Institute meeting, raised a fairly good sum, and would be glad to have all those who would like to help out in the work send their donations to him. It is an opportunity to do great service in the cause of Homœopathy, and we hope our readers will take advantage thereof.

AUSTRALIAN HOMŒOPATHIC INSTITUTIONS.

SOUTH of the Equator are to be found many homœopathic institutions, the most notable of which is the Melbourne Homœopathic Hospital, located in the Melbourne, Victoria, Australia. This hospital is one of the handsomest of our school of medicine. We have just received its 46th annual report, and during the last fiscal year there were treated 1,341 in-patients with a mortality rate of 4.9 per cent. In the out-department there were treated 11,039 patients. It has a handsome nurses' home in connection with it, and it is one of the popular institutions of Melbourne. The children's ward is especially a fine one.

The Sydney Homœopathic Hospital, located in Sydney, New South Wales, opened a new building in February of this year. For fourteen years the work has been done in a much smaller building. It has treated 1,200 in-patients and 13,000 out-patients. It is now well equipped and has enlarged and excellent facilities.

The Launceston Homœopathic Hospital, located in Launceston, Tasmania, is now in its fifteenth year, and is doing fine work. It issues annual reports, which tell of the prosperity of the institution.

The Dunedin Homœopathic Institute, located at Dunedin, New Zealand, has been established three years. It is under the control of the local homœopathic association; 2,000 patients have been treated.

Homœopathy is thus well established in the Australian Continent and in New Zealand.

SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

IT is a great joy for the officers of the Southern Medical Association to announce one of the best programs ever arranged for our annual

meeting. This thirty-fourth annual meeting of the Southern Homœopathic Medical Association will be held in Cincinnati, Ohio, a border city, on November 9th, 10th and 11th in the Gibson Hotel. A cordial invitation is extended to every reader of the MEDICAL CENTURY to be in attendance and assist in putting over the greatest meeting the Southern Association has ever held.

Yours sincerely,

A. L. SMETHERS, M. D., *President.*

J. L. JENNINGS, M. D., *Sec'y-Treas.*

SECTARIANISM IN MEDICINE.

FIFTY years ago there was little heard relative to what is now known as "medical sectarianism." It is only until quite recent times that the word has come into general use. That there are sects in medicine and that there are numerous ways in which it is proposed to treat the sick cannot be denied. A glance at the "shingles" of those who hold themselves out as restorers of abnormal conditions to the physiological shows this to be true. What is the cause of these different "systems" of therapeutics, and why does each day see another one make its appearance? One reason, and one quite apparent, is the fact that there is a definite relationship existing between the increase of requirements to admission to medical colleges, and the desire on the part of many to be some kind of a doctor. Whenever entrance requirements have been raised there was some new method of healing that appeared. So long as the prerequisites to entrance to a medical college consisted of only graduation from the eighth grade, and so long as the length of the medical course itself did not exceed two or three years, little was heard of the different therapeutic systems which exist to-day. At that time almost any one could be a real doctor.

When admission to medical colleges became more difficult, and when the medical course of study was raised to four, and then to five and six years, there appeared sectarianism in medicine. Persons whose real desire was to become a doctor could no longer enter for such study, and they were forced, against their will, to enter other systems of teaching whereby they could at least become some sort of a doctor. In other words, their vocation into which they were forced was a matter of second choice, but there are few of them who will admit this as being true. Many times has the writer seen educated and well deppearing young men come to one of our universities with nothing in view but the intention of entering the medical department. They were soon informed, however, that because they were not possessed of sufficient preliminary education that their entrance was impossible. Such persons, intent still on being a doctor, immediately look for some other system of healing whereby they may become something almost as good as a doctor. Such individuals take us with almost any one of the various sects which, for this among other reasons, flourish so abundanly to-day. This is not an argument against higher preliminary education on the part of one who is to be a physician, and the writer would not be in favor of any reduction in the severity of entrance requirements, but it nevertheless is well enough to observe that such requirements are thinning the ranks of those who would otherwise hold the M. D. degree. A better grade of doctors is undoubtedly produced, but it is a question but what the laity suffer more by being "treaed" by those of questionable therapeutic procedures than they would were they treated by a regular physician who did not have all of the preliminary education which is at the present demanded.

Another cause for the springing up of sects lies in the fact that doctors themselves (I refer here only to the allopathic portion of the profession) have preached so long the doctrine that there is no virtue in drugs that the people have taken up with this cry and no longer, in many instances, care for treatment by doctors of medicine. Osler is the father of therapeutic nihilism, and exponents of his form of allopathy are now suffering from the reaction of their own teaching. There is no doubt or question but what the various sects have injured to some extent the physician's practice; people have run after charlatans when they otherwise would not have done so. It is a fact, however, capable of demonstration, that very few homœopathic practitioners have suffered from the loss of business due to the spreading of the doctrine of therapeutic nihilism.

In the third place, a few take up with the practice of the different sects because of the fact that in newness there is more or less of an attraction which draws business. This factor seems to be of minor importance in causing sectarianism in medicine, but it does play some small part.

What makes Homœopathy self-perpetuating and ever-enduring is the fact that it has a rule whereby the effect of medicines in restoring pathological conditions to the physiological can be definitely determined in advance, without needless and harmful experiment on the part of the doctor upon his patient. About all that the old school offers now in the way of therapeutics is based upon the empirical use of drugs, a theory which has proven to be a fallacy long ago. Not many cases of any disease appear with identical symptoms and consequently one can only use a drug empirically with success in only those cases which are identical with that one which the drug previously cured.

The different sects may, and will, come and go, but the practitioner of medicine who follows the precepts of Hahnemann need have little fear of any consequences that may arise from such practices. There is already a healthy return to the belief in the efficacy of drugs, and to the benefits which result from such belief, when the drugs are properly used, the world may thank the homœopathic profession.

A. E. H.

NEWS ITEMS.

CONNECTICUT.

Dr. Amos J. Givens' sanatorium in Stamford, which we visited last month, seemed as pleasant and efficient as at our call there several years ago. Dr. Givens' institution is one that has grown immensely in the past dozen years.

IOWA.

Dr. George Royal has returned from his Pacific coast trip refreshed and ready for hard work. He reports our Pacific coast institution in a flourishing condition.

MICHIGAN.

Dr. J. Milton Richards has removed his offices to the David Whitney Building, Detroit.

PENNSYLVANIA.

Philadelphia was represented at the recent meetings of the American Institute of Homœopathy by Drs. Ashcraft, Barker, Baker, Carmichael, MacFarland, McKenzie, Nesbit and Pearson. The meetings were very well attended and were successful in every particular. Among the interesting information presented at the meetings the following may be mentioned because of the relation to college affairs:

The Council on Medical Education favors a six year course in medicine consisting of either two years of preparatory work and four years of medical instruction and one year of hospital work. A post-graduate school under the auspices of the American Institute of Homœopathy was proposed.

Of the $2,500.00 given to Homœopathic Colleges last year by the Council, $1,500.00 were used in Kansas City, but unfortunately, the Kansas City College could not be saved.

The Hahnemann Medical College of the Pacific has consolidated with the University of California and Dr. Ward and Dr. Boericke have been given chairs in Homœopathic Materia Medica and Therapeutics.

The number of graduates from Homœopathic Colleges this year is forty-one greater than last year, which is a good index of the growth of Homœopathy.

The new Homœopathic College has been doing good work and already have students from thirty-three counties in Ohio and are building a $60,000.00 hospital.

Both Dr. Mellon, of the University of Michigan, and Dr. Hinsdale, of the University of Ohio, presented excellent papers demonstrating the great value of animal experimentation for the purpose of instructions related to "drug proving" on the normal human individual. At a conference of the Deans it was decided to formulate a standard method for teaching Homœopathic Materia Medica to students in the laboratory. This is undoubtedly a most important advance and the details of the laboratory course will be worked out at a special meeting of the representatives from each Homœopathic College, which is to be held in Ann Arbor the first week in August. We should have a good representative there preferably from the Department of Materia Medica. It will interest you to know that the Department of Materia Medica, of the Hahnemann Medical College, of Philadelphia, had previously planned to introduce laboratory instruction in Homœopathic Therapeutics next year.

The Alumni of the Hahnemann Medical College of Chicago have pledged to pay interest on about $95,000.00 for the benefit of their colleges. This is known as "The Alumni Endowment."

Each Alumnus is asked to pay interest on $1,000.00 or more each year as long as he is willing and financially able. Many have paid the principal and thus subscribed to "The Permanent Endowment Fund" and have their names printed in the college catalogue. This plan has been successful and has assisted greatly in solving their financial problem.

The annual meetings of the Clinical Society may be held at Hahnemann College, September 21st, 22d and 23d.

The letters received from prospective medical students indicate that we shall have a large number of new students in September.

A recent examination, held by the Pennsylvania State Board of Medical Examiners and Licensure, was passed by all of the Homœopathic students from Hahnemann College, of Philadelphia. In fact, there were only three medical schools in Philadelphia, which had a clean record. They were Hahnemann, the Medical School of the University of Pennsylvania and the Women's Medi-

cal College. Old Hahnemann, of Philadelphia, therefore, still continues as a leader of a school of medicine.

The Schuykill County Homœopathic Medical Society held its annual meeting at the Tumbling Run Hotel, Pottsville, Pa., on Thursday, July 29th, 1915, at 12:30 P. M. A sumptuous dinner was served at 1 P. M. and was partaken of by a large number of visiting physicians and members of the society. The scientific program consisted of the following:

"Twilight Sleep," Dr. J. E. James, Philadelphia, Pa.

"Surgery of the Gall Bladder," Dr. G. A. Van Lennep, Philadelphia, Pa.

"Diseases of the Duodenum," Dr. H. C. Bickley, Philadelphia, Pa.

Dr. B. F. Books, president of the Pennsylvania Homœopathic Medical Society, addressed the society in a most interesting manner. The meeting was, in every particular, an enjoyable one and the number in attendance was the largest the society has ever entertained.

F. M. QUINN, M. D., *Secretary.*

A meeting of the Staffs of the West Philadelphia General Homœopathic Hospital and Dispensary was held at the hospital on Tuesday afternoon, July 27, 1915, at 4 P. M. Many important topics were discussed at this meeting by a large number in attendance.

PERSONALS.

Dr. C. S. Raue announces the removal of his office to 1431 Spruce street, Philadelphia, Pa.

BOOK REVIEWS.

THE PRINCIPLES OF HUMAN PHYSIOLOGY. New (2d) edition. By Ernest H. Starling, M. D., F. R. C. P., F. R. S., Jodrell Professor of Physiology in University College, London. Octavo, 1271 pages with 566 illustrations, including 10 in colors. Cloth, $5.00, net. Lea & Febiger, Publishers, New York and Philadelphia. 1915.

The author, who is one of the world's leading physiologists, has, in preparing for the publication of a new edition, taken advantage of the opportunity to subject a work already characterized by its completeness of detail and its high authority to a microscopic scrutiny. His subject is presented in strict conformity with the most advanced viewpoint, and his vehicle is a literary style, which is a material aid in sustaining the reader's interest and in making clear the involved aspects of the subject.

While making full use of the material recently made available by the work of the most successful investigators in this field, the author has impressed his personality on every line of this book, and has drawn most heavily in its preparation on his own observation and study. The work of the student has been made easier and the material presented rendered more accessible by slight condensations and by re-arrangements. Throughout the work modifications have been made to conform to the newest conceptions. The sections dealing with the voluntary muscles and with the circulation have been entirely re-written to incorporate the very important additions to our knowledge of these subjects which the investigations of the past two years have contributed. New chapters have been added dealing with the nutrition of the brain and with the innervation of the bronchi.

CANCER: ITS STUDY AND PREVENTION. By Howard Canning Taylor, M. D., Gynæcologist to the Roosevelt Hospital, New York; Professor of Clinical Gynæcology, Columbia University; Member American Society for the Control of Cancer, etc. 12mo, 330 pages. Cloth, $2.50, net. Lea & Febiger, Publishers, Philadelphia and New York. 1915.

The author in this work has presented the results of a careful study of the cancer problem in all its aspects. He has made a careful analytical examination of the literature and subjected the conclusions therein contained to comparison with the results of his own extensive observations in hospital and general practice. The data derived from official reports have also been carefully weighed and scrutinized. The material thus obtained has been co-ordinated, discussed and put in a form which makes it immediately useful to the practitioner or special student of the subject.

In the final analysis Dr. Taylor's work is a clear, condensed and complete presentation of present knowledge in regard to cancer. He views the subject in its broader aspects, and offers much information which is not only of immediate value to the physician, but available for dissemination by him among the laity in the hope of reducing the cancer death rate by creating a more intelligent understanding of the causes of cancer; the means by which the individual may lessen his liability to attack, and the possibility of complete cure as the result of early operative treatment.

Every item of available information which sheds light on the causes of cancer or indicates measures for its prevention is presented logically and in complete detail. Emphasis is laid on diagnosis and on the importance of the early recognition of the disease. To further this the earlier symptoms are enumerated at length in the consideration of each type of sarcoma and carcinoma. Pathology and etiology are given extensive consideration as is the treatment of inoperable cases. The full statistical information is so arranged by the author as to afford the largest measure of assistance to the practitioner, who will find this volume a concise and at the same time complete guide in his handling of these cases.

A TEXT BOOK OF CHEMISTRY AND CHEMICAL URANALYSIS FOR NURSES. By Harold L. Amoss, S. B., S. M., M. D., Dr. P. H., formerly Chemist, Hygienic Laboratory, U. S. Public Health Service; Physiological Chemist, U. S.

Bureau of Chemistry; Instructor in Physiological Chemistry, George Washington University Medical School; Assistant in Preventive Medicine, Harvard Medical School. 12mo, 268 pages. Cloth, $1.50, net. Lea & Febiger, Publishers. Philadelphia and New York. 1915.

The outstanding characteristics of this volume are its clear diction, extremely lucid explanation and definition and the consistent emphasis placed on those aspects and bearings of chemical science, a knowledge of which is certain to be of practical advantage to the nurse.

Dr. Amoss has made a careful but very concise survey of the whole subject, making clear the terminology of the science, afforded definitions of unusual lucidity and selected for more detailed consideration those points, an understanding of which must increase the capacity of the nurse for intelligent service. To this end stress is laid on the chemistry of foods, of metabolism and of digestion, and on uranalysis and allied subjects. A clear grasp of the requirements of the nurse has enabled him to avoid the two extremes of superficiality and of too minute attention to detail and the more complicated aspects of his subject. Technical terms are elucidated and laboratory procedures explained. A useful feature is a brief and most enlightening summary, at the end of each chapter, of the information the author has endeavored to impart. The nurse who devotes serious attention to this volume will have an intelligent working knowledge of general chemistry and a useful, well grounded, understanding of the science as it bears on her work.

The Principles of Bacteriology. A Practical Manual for Students and Physicians. By A. C. Abbott, M. D., Professor of Hygiene and Bacteriology and Director of the Laboratory of Hygiene, University of Pennsylvania. 12mo. 650 pages, with 113 illustrations, 8 in colors. Cloth, $2.75, net. Lea & Febiger, Publishers, Philadelphia and New York. 1915.

While carefully preserving characteristics of inclusiveness and of brevity, clarity and scientific accuracy of statement, which established the popularity and usefulness of Abbott's Bacteriology in its previous editions, the author has accomplished this revision with such thoroughness that the ninth edition is substantially a new work. The recent remarkable developments of bacteriological science have necessitated so many changes in the text that the author has embraced the opportunity to review the whole subject from the most modern viewpoint, to include all recent advances of proven value, eliminate all obsolete and unessential material, and to greatly elaborate his work.

Concise statements, clear expression and the elimination of theoretical considerations in favor of essentials constitute this a working manual whose usefulness will impress itself more and more on the practitioner or student as he avails himself of its guidance. Every step in every process is made clear. The details of laboratory equipment and the use and value of apparatus receive careful attention. The minutiæ of laboratory technic are presented in complete, but not burdensome detail.

Historical notes, which are not too profuse, stimulate interest in the study, and aid in the comprehension of the subject by showing the steps in the development of modern Bacteriology. The author's emphasis on the application of Bacteriology in Etiology and Preventive Medicine is a point of peculiar value. The sections dealing with the physiological functions of bacteria are most enlightening, and the latest knowledge of complement fixation, hemolysis and the reactions of immunity is adequately presented. The diagrammatic illustrations accompanying this section are a substantial aid to its understanding.

This is a simply expressed but thoroughly scientific presentation of the proven and useful in a field where the seeker after information is often confronted by a baffling mass of abstruse and often theoretical details.

Modern Medicine. Its Theory and Practice. In Original Contributions by American and Foreign Authors. Edited by Sir William Osler, M. D., F. R. S., Regius Professor of Medicine in Oxford University, England; formerly Professor of Medicine in Johns Hopkins University, Baltimore; in the University of Pennsylvania, Philadelphia, and in McGill University, Montreal; and Thomas McCrae, Professor of Medicine in the Jefferson Medical College, Philadelphia; Fellow of the Royal College of Physicians, London; formerly Associate Professor of Medicine in Johns Hopkins University, Baltimore. In five octavo volumes of about 1,000 pages each. Volume V. Diseases of the Nervous System; Diseases of the Locomotor System. *Just ready.* Price per volume, cloth, $5.00, net; half morocco, $7.00, net. Lea & Febiger, Publishers, Philadelphia and New York. 1915.

Notable both because of the intrinsic value of its contents and in that its publication marks the completion of this monumental work on practice is Volume V. of Modern Medicine. With the appearance of each volume in rapid succession the impression of supreme value, of logical completeness and of ultimate authority has been strengthened. Modern Medicine as a completed work presents the ripe experience and practical knowledge of the leaders of the English-speaking race in every department of medical practice in original articles selected and co-related with masterly ability.

In Volume V. Diseases of the Nervous and

Locomotor Systems are considered. In the assignment of space and the selection of the authorities best qualified to present the various subjects from the most advanced viewpoint, the distinguished editors again demonstrate exceptional qualifications for their task. The list of contributors of original articles is itself the best characterization of the work, comprising, as it does:

Lewellys F. Barker, M. D., LL. D., Johns Hopkins; Edwin Bramwell, M. D., F. R. C. P., Royal College, Edinburgh; Chas. W. Burr, M. D., University of Pennsylvania; E. Farquhar Buzzard, M. D., F. R. C. P., London; L. Pierce Clark, M. D., New York; Joseph Collins, M. D., New York; Harvey Cushing, M. D., Harvard; George Dock, M. D., Washington University; Charles P. Emerson, M. D., Indiana University; Gordon M. Holmes, M. D., M. R. C. P., London; Smith Ely Jeliffe, M. D., Ph. D., New York; Daniel McCarthy, M. D., University of Pennsylvania; Thomas McCrae, M. D., F. R. C. P., Jefferson Medical College; Colin K. Russel, M. D., McGill University; Bernard Sachs, M. D., New York; C. C. Southard, A. M., Harvard; William G. Spiller, M. D., University of Pennsylvania; Walter R. Steiner, M. D., Hartford; Edward W. Taylor, M. D., Harvard; Henry M. Thomas, A. M., M. D., Johns Hopkins.

The importance of every subject touched upon and the supreme value of the volume as a whole as an authoritative presentation of present-day practice in a department, in which recent progress has been most striking, renders the selection of any individual contribution for special mention extremely difficult. However, to the contribution of Spiller on Diseases of the Motor Tracts, Bramwell on Sclerosis of the Brain, Sachs on Syphilitic Diseases of the Central Nervous System, Dock on Osteomalacia, Jeliffe on Hysteria, and Collins on Aphasia, must be conceded an exceptional importance.

June 6, 1900, Mrs. A., of Grand Rapids, called at my office to consult me about a tumor of left breast. She had given birth to a child January 16th of the same year, that she was still nursing from the right breat. The left breast had been giving her trouble for two or three years, and had now become somewhat painful, but not excessively. There was a large lump in the left breast to which the skin was adherent. The nipple was retracted. I gave two or three remedies on successive days without any relief, and the pain was constantly increasing and an angry red areola was developing around tumor. It now developed that she was excessively sensitive to cold air, and she had the peculiar constipation of Silicea. She received it in the 200th, and in a week was well in every way.—*A. L. Ruffe, M. D.*

December 18, 1906, I was called to see Mr. C. R., of Grand Rapids, Mich. He had a painful hard swelling on right side of neck and a temperature of 104°; was very sensitive to cold and had a cough that aggravated the suffering and made him uncomfortable generally. I put him on Hepar sulphur, one dose a day, and ordered hot flaxseed poultices. He was kept on the remedy and the poultices continued until December 23d, at which time the neck was enormously swollen, so much so that it was feared he would choke to death. He was delirious, temperature 105°, breathing quick and labored, pulse 140 and somewhat irregular. I thought I could detect a slight doughiness in one spot on deep palpation. At this juncture Dr. D. W. Myers, then of Grand Rapids, now of Ann Arbor, was called into the case. He made an incision through the skin and worked an opening deep into the neck, where he reached a large accumulation of very offensive pus. At this tme, and the following day, I presume there was discharged a quart of very offensive pus. There was quite an extensive area of infiltration around the abscess, and there was tendency to refill, and, in fact, it did partly do so. But after the third day the incision was allowed to close, and he was put on a dose a day of Silicea 200th. He received no further treatment. I saw him occasionally until the latter part of January, and on the 4th of February he drove to my office, a distance of nearly four miles, at which time his neck was entirely well and remained well.—*A. L. Ruffe, M. D.*

March 30, 1909, I was called to see an infant of three months. The delivery had been instrumental, aside from that everything seemed normal. Milk came into the mother's breasts the third day, but the baby refused the breast, could not be made to nurse. The breast pump was used for a while and the milk finally dried up. When I was called the child was a little over three months old and weighed less than when born. It had umbilical and right inguinal hernia. The inguinal hernia protruded at the location of round ligament (the baby being a female) to the size of a walnut. The baby had an old look. The skin was wrinkled on the forehead, the eyes were deep set, and the lips were thin and drawn over the gums. It whined continually when awake, which was most of the time, and took food greedily when offered. The bowels only moved when assisted, the stool being chalky and hard. The herniæ were reduced and held in place with adhesive strips and the child put on Silicea 200th. It increased in weight, a pound lacking half an ounce the first five days. The next week it gained four ounces, the next seven ounces, the next seven and a half ounces, at which time I discharged myself from the case. The child is now a nice healthy girl of five going to school.—*A. L. Ruffe, M. D.*